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# Alumni Journal - Volume 87, Number 3

Loma Linda University School of Medicine

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# *Alumni* JOURNAL

Alumni Association, School of Medicine of Loma Linda University

September-December 2016



**Graduation 2016**  
Featuring Content by  
Members of the Class of 2016



**INSIDE:** A Lesson in Giving • Review of Dr. Tonstad's "God of Sense" • Interview with Dr. Petersen





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*On the Cover: A watercolor painting by 2016 graduate **Lauren Spady '16** depicts a patient's look of appreciation for the care she is receiving—a look familiar to any medical student. Dr. Spady is a pediatric resident at Loma Linda University Children's Hospital. She is from Texas and enjoys painting and traveling in her spare time.*

## Alumni JOURNAL

September-December 2016  
Volume 87, Number 3

### Editor

Burton Briggs '66

### Associate Editor

Donna Carlson '69

### Consulting Editor/Historian

Dennis E. Park, MA, '07-hon

### Contributing Editor

Karl P. Sandberg '74

### Assistant Editor & Staff Writer

Chris Clouzet

### Design & Layout

Chris Clouzet

Calvin Chuang

### Advertising

Andrea Schröer

### Circulation

A.T. Tuot

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11245 Anderson St., Suite 200  
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Phone: 909-558-4633  
Fax: 909-558-4638  
Email: [llusmaa@llu.edu](mailto:llusmaa@llu.edu)  
Advertising: [LLUSMAAlumniAds@llu.edu](mailto:LLUSMAAlumniAds@llu.edu)

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## Of Worries, Doubts, and What ifs

Eight years ago, two friends and I had an itch to take a motorcycle ride. We chose a ride that the Iron Butt Association, a motorcycling organization, dubbed “Bun Burner Gold,” requiring us to cover a 1,500-mile route of our choosing in only 24 hours.

We left Yucaipa at 2:00 a.m. to get through Las Vegas before morning traffic and avoid the worst of Nevada’s July desert heat. Arriving in Moab, Utah, by early afternoon, we stopped for a quick bite. This was not a race, but it did require time management (eight minutes per stop).

In Flagstaff, Arizona, a cold front plummeted the temperatures into the 30s, with rain and hail. Having extra layers of clothing paid off. Two hundred miles later we were in Needles, California, where the temperature was 104. There, our full hydration packs came in very handy. Along the way we made sure to stretch—on long rides stretching helps you concentrate.

The long summer twilight soon faded in the west. As we crested a rise on I-40 we spotted the glow from Barstow in the distance. After several more rises, I could have sworn Barstow had moved 10 miles farther west. Worries, doubts, and what ifs had begun to creep into our conversations. Would we make it back in time? If not, it would have been a long, wasted day.

Other questions buzzed in my mind. What if we had a flat tire or ran out of gas? (I checked my fuel gauge again.) What if we felt drowsy or hit an animal? (That thought was the caffeine that kept me awake.) We’d ridden hard for 20 hours—what if our engines broke down? We talked to each other via our ham radios and the reassurance that crackled in our ear pieces helped to reduce the highway worries.

As the School of Medicine’s graduation weekend came and went a few months ago, we congratulated the seniors and wished them Godspeed in the next phases of their training—internships, residencies, even fellowships. Their departure makes room for a new class: the freshman Class of 2020.

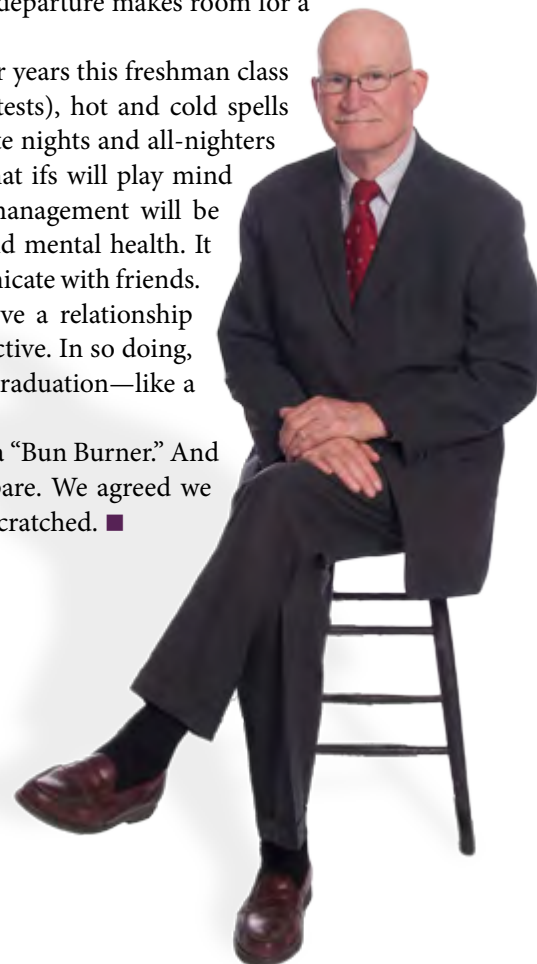
Like my motorcycle ride, during the next four years this freshman class will endure a lot of sitting (lectures), worries (tests), hot and cold spells (embarrassments and accomplishments), and late nights and all-nighters (assignments and call). Worries, doubts and what ifs will play mind games at the most inopportune times. Time management will be required, as well as care of the physical body and mental health. It will be vital to “stretch” (exercise) and to communicate with friends. Most importantly, it will be essential to preserve a relationship with God. Life and goals must be kept in perspective. In so doing, a student will arrive at his or her destination—graduation—like a trip well planned and executed.

By the way, I now understand why the ride is a “Bun Burner.” And yes, we made it to Yucaipa with one hour to spare. We agreed we didn’t need to do that ride again—that itch was scratched. ■

*Burton Briggs*

**Burton Briggs ’66**

Editor



## APC Registration and LLUH Homecoming

Mark your calendars and plan to attend the 85th Annual Postgraduate Convention on March 3–6, 2017. In addition to continuing medical education courses, APC offers worship services, class reunions, the gala featuring entertainment by our medical students, and more. Online registration for the event and CME courses will be available in December. Visit [www.llusmaa.org/apc2017](http://www.llusmaa.org/apc2017) for more information and to register.

This year, in collaboration with APC, the Dental Alumni Student Convention, and Healthy People, Loma Linda University Health will be hosting a “Together As One” homecoming weekend for all eight University schools. LLUH Homecoming will begin on March 2 and continue through APC weekend. The extended homecoming weekend’s activities will include continuing education courses and joint worship services.

For the most part, APC weekend activities will proceed as usual. For more information or if you would like to register for CE courses organized by LLUH Homecoming on Thursday, March 2, visit [www.llu.edu/homecoming](http://www.llu.edu/homecoming). ■

## Vision 2020 Hospital Construction Update

Compared to the circa-2007 photo from atop the Loma Linda University Medical Center front entrance (top), the September 12, 2016, screenshot of the Vision 2020 hospital towers construction site (bottom) looks somewhat different. The array of construction equipment and building footprint of the approximately 1 million square-foot project are clearly visible.

The Carrol S. Small Alumni Center building is partially covered at the upper center left of the screenshot. Outside the left of the frame is the recently widened Prospect Street, serving as the main traffic artery for the new entrance to the medical center. The intersection of Anderson Street and Barton Road is seen in the upper right-hand corner.

The Vision 2020 project will be in the excavation and shoring stage through the end of October 2016. The southern wall (right side of the image) has been excavated to approximately 30 feet below grade while the northern walls measure approximately 12 feet below grade. Excavation will continue until the building pad is leveled at approximately 45 feet below grade at the southern wall, while the northern wall will reach a depth of about 25 to 30 feet below grade. ■



## Romantic Danube River Cruise

From July 10 to 17, 2016, alumni, spouses, and friends toured parts of Hungary, Austria, and Germany by way of ship on the Romantic Danube River Cruise, hosted by the Alumni Association. In the photo above, beginning at the bottom left, are cruise participants Jeanne Strahan, Lynette Marsa, Delby West, **H. Roger Hadley '74**, **Gordon L. Marsa '80-res**, Margarita De La Cruz, Jeffrey Joe, Erin Joe, **H. Kenneth West '79-A**, **T. Martin Strahan '79-aff**, **Gordon W. Peterson '74**, Donna Hadley, and Myra Peterson.

The Alumni Association will be hosting a Nordic Legends cruise in the summer of 2017. For more information, see page 37. ■





## Transitions and Training

Summer brings important life transitions. This is especially true for our newest alumni, the Class of 2016.

On May 29, they moved from being medical students to being our physician colleagues. I had the privilege of representing the Alumni Association by administering the Physician's Oath to the new graduates.

The words of this oath made me think back to my own graduation 25 years ago. It contains many altruistic statements, and I was pleasantly surprised to see how many still ring true after all these years. The oath pledges us to respect for our teachers, to serving our patients' welfare as our first duty, to maintaining their confidentiality, and to demonstrating the healing power of God to those we serve.

Graduation is not only a time for older alumni to look back, it is also a time for our newest alumni to find out what they will be doing for the rest of their lives and where they will be training for the future. Take some time to

peruse the *JOURNAL* to see where members of the Class of 2016 will be in residency next year. Look for those you know, and use this as a time to connect with them to see how they are doing in the first couple months of residency. Are any of the class training in the program that you trained in? Are any of them training in or near a hospital where you work now? Do you have suggestions or advice for them?

The Alumni Association is working on several exciting initiatives. Calvin Chuang, our new executive director, is working hard on creating a brand new website experience for the Alumni Association. Features will include interactive maps, information about mentoring opportunities, alumni news and stories, and an online directory with the ability to find, filter, and interact with alumni based on specific interests and specialties. The new website will be ready soon. Stay tuned.

In addition, there will be exciting changes for the Annual Postgraduate Convention (APC) in the spring of 2017. The Alumni Association Board of Directors has been working with Loma Linda University and School of Medicine administration to hold APC on the same weekend as a University-wide homecoming event.

The board, together with the APC Governing Council, is working to ensure that APC maintains the same quality and distinctiveness as in the past, but integrated into a homecoming weekend. We anticipate that APC attendants will continue to be the significant majority of the weekend. However, this will give those of you who have friends and family who are graduates of other LLU schools the chance to socialize together while still maintaining the quality and distinctiveness of APC for School of Medicine alumni.

Same old APC, but now together with the rest of the University.

Come on home. ■

*Mark Reeves*

**Mark E. Reeves '92**  
*Alumni Association President*



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## Go Ye Therefore Into All the World

As the Class of 2020 embarks on their four-year journey through medical school, I would like to reflect on this past academic year and the global influence of the School of Medicine that I have experienced firsthand in recent months.

In August 2015, I represented our school at the inaugural white coat ceremony of the Seventh-day Adventist church's newest medical school (bringing the total to six medical schools worldwide) and the first in the Philippines. School of Medicine alumni **Everet W. Witzel '62**, **Edmund M. Bagingito '94**, and I joined a number of highly supportive LLU alumni from our residency programs to welcome the first freshman class at Adventist University of the Philippines School of Medicine. This milestone marked the culmination of years of detailed planning. Peter Landless, MB, Bch, MMed, a cardiologist from South Africa and director of the health ministries department, represented the General Conference of Seventh-day Adventists at this historic event.

In December I visited the 115-year-old Christian Medical College (CMC) in Vellore, India. Loma Linda and the SDA church have had a relationship for decades with this highly regarded and robust college and health care system that has served the poor since its inception. My invitation to Vellore stemmed from CMC's celebration of the department of urology's 50 years of residency training. The program began in 1957-1958 when LLU professor **Roger W. Barnes '22** visited and lived in Vellore for a year and taught the transurethral resection of the prostate (TURP) procedure to a nucleus of urologists. Before leaving for Vellore, I discovered that I had a digitized conversion of a 16mm color movie that Dr. Barnes made of Vellore during his time there.



*Roger '22 and Oca Barnes visit with Ida Scudder (center) in Dr. Scudder's backyard.*

I showed the film at the celebratory event and heard the audience audibly gasp when they saw for the first time the perfectly preserved, 60-year-old colored movie of the school's revered founder, Ida Scudder, MD.

In May 2016, **Gillian L. Seton '08** delivered the commencement address to the graduating seniors. With humility, she told a remarkable life-and-death story of perseverance in the face of the Ebola crisis of 2014, when the SDA hospital in Liberia remained open to serve non-Ebola emergency patients. In subdued tones, Dr. Seton conveyed the emotional toll experienced by those living in the midst of this disaster; her dramatic tale affected graduates and attendees alike. Sitting behind her, I remember thinking that the speech I was hearing embodied all that graduation speeches at LLUSM should be: relevant to our mission, genuine, personal, and inspirational. Thank you, Gillian, for what you shared with all of us and for allowing yourself to be used to continue the teaching and healing ministry of Jesus Christ.

As I looked over the graduates, I wondered who of them will heed the call to serve abroad as those I have highlighted in this article did and as so many other alumni have done. Only in eternity will we know the full LLU School of Medicine story and its influence here at home and around the world. ■

**H. Roger Hadley '74**  
School of Medicine Dean

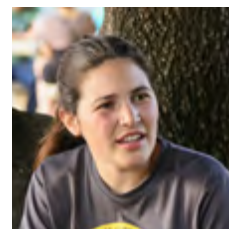
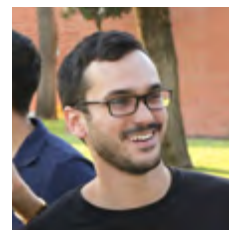


## Freshman Welcome Picnic

On the lovely summer evening of August 3, about 150 freshman medical students, spouses, and significant others attended the annual welcome event sponsored by the Alumni Association's Student Affairs Council (SAC). A number of sophomores returned after their own welcome last year to help register the freshmen for door prizes and lead out in ice-breaker activities after supper.

After a welcome by SAC Chair **Gina J. Mohr '96** and a prayer by Dean **H. Roger Hadley '74**, students began mingling and meeting other members of the Class of 2020. Soon, conversations filled the air as everyone picked up burritos and enjoyed summer treats like watermelon and lemonade, cookies from Medical Auxiliary, and pastries provided by the Alumni Association's immediate past-president, **P. Basil Vassantachart '79-B**, and his wife, Shirley.

Following supper, lucky students won some 50 door prizes. Then the sophomores directed everyone to the expansive lawn of the campus mall where they led out in games as the sun dipped below the horizon. The Alumni Association hopes the event provided the freshmen an enjoyable start to their medical training. ■



*Left, from the top: Benjamin Tiffany ('20), Carolyn Krystal ('20), Eric Prado ('20), and Mary Blake ('20) smile and enjoy conversations with new classmates. Top right: The Welcome Picnic is all about eating watermelon and sitting in the cool grass. Above right: Sophomore officers hold the tarp for participants of the name-learning Tarp Game.*



## Treats After Exams and Junior White Coat Embroidery

In early May, one month before the new freshmen arrived, the "old" freshmen and sophomores wrapped up their year-end exams in the Alumni Hall for Basic Sciences. What better way to walk out of an exam than to find

Jamba Juice smoothies and granola bars available for immediate consumption? More than 300 students took advantage of these inaugural "Treats After Exams" available at The Student Fund canopy.

In June, as the now sophomores-turned-juniors attended Junior Orientation in preparation for joining the wards, they made time to stop by the Alumni Center to pick up their new white coats, complete with embroidered name and LLU logo, a gift from The Student Fund. ■



*Left: Brittany McHargue ('19) and Ellerie Chen ('19) pose for a quick photo with smoothies in hand at The Student Fund's new event, Treats After Exams. Above: Dean LaBarba ('18) is glad to pick up his embroidered white coat at the Alumni Center.*



**The Student Fund** and its activities are financed by your contributions and are greatly appreciated by LLU medical students. For more information or to make a donation, please contact the Alumni Association at 909-558-4633 or [llusmaa@llu.edu](mailto:llusmaa@llu.edu).



## SM Receives Full Accreditation

Following the site visit in January, the School of Medicine received an official notification from the Liaison Committee on Medical Education (LCME). The national accrediting body has granted Loma Linda University School of Medicine full accreditation for the maximum available eight-year term.

This outstanding achievement was the result of extraordinary teamwork. Many throughout the School were involved in the survey process, which included countless hours of preparation.

"While there are too many to name, I would like to take this opportunity to thank everyone who willingly stepped up to the task," said **H. Roger Hadley '74**, dean. "Specifically, I would like to express my profound gratitude to **Tamara L. Thomas '87**, vice dean for academic affairs, for her leadership and relentless pursuit of excellence in compliance with the expectations of the accrediting bodies." ■



Members of the team that worked with LCME evaluators included from left to right: Vice Dean for Academic Affairs Tamara L. Thomas '74, and associate deans **Leonard S. Werner '81-res**, **Lynda Daniel-Underwood '91**, **Henry H. Lamberton, PsyD, '01-fac**, and **Tamara M. Shankel '88**.

## Soo Kim Named Teacher of the Year

Both faculty and senior medical students were recognized at the Senior Awards Banquet on May 25. Among the awardees, the Walter E. Macpherson Society presented the Teacher of the Year Award to **Soo Youn Kim '95**, assistant professor of pediatrics. ■

Kimberly Payne, PhD, associate professor of pathology and human anatomy, medicine, and pediatrics, and president of the Walter E. Macpherson Society (left), presents Soo Youn Kim '95 with the Teacher of the Year Award.

## Grants Support SM Research

The School of Medicine is pleased to share a sampling of the most recent grants awarded to its faculty.

- A National Institutes of Health (NIH) grant of \$1.8 million over a five-year period was awarded to support Loma Linda University's research on "targeting CRLF2 and ikaros alterations to reduce health disparities in childhood leukemia." Principal investigators are Kimberly Payne, PhD, associate professor of pathology and human anatomy, medicine, and pediatrics, and director of translational research in the department of basic sciences; and Sinisa Dovati, MD, PhD, adjunct associate professor in the department of basic sciences at LLUSM, and associate professor at Pennsylvania State University College of Medicine, Hershey, Pennsylvania.
- An NIH grant of \$1.49 million over a five-year period was awarded to Kylie J. Watts, PhD, assistant professor, department of basic sciences, to support research on structure and function of a chemosensory system in *Pseudomonas aeruginosa*. Co-investigators are Mark S. Johnson, PhD, associate professor, department of basic sciences, and Suzanne Greer-Phillips, PhD, assistant professor and chair of earth and biological sciences.
- The Fletcher Jones Foundation awarded a grant of \$1 million to establish the Fletcher Jones Foundation Endowed Chair in Molecular Genomics. The endowment will further the work of Penelope Duerksen-Hughes, PhD, associate dean for basic sciences and translational research, to integrate genomics education into the training of future generations of physicians and scientists. ■



## Class of 2020 Receives White Coats

Members of the Class of 2020 received their white coats at a special ceremony August 4. Following a keynote address from **David J. Puder '10**, assistant professor of psychiatry and medicine, students participated in the annual "coating" tradition. And, of course, it's always extra special when a few of our faculty have the honor of putting the coats on their own children. ■

Right: **H. Roger Hadley '74**, dean, helps physician **Peter Landless, MB, Bch, MMed**, adjunct associate professor, medical education, and director, General Conference Health Ministries Department, into his coat.

Below: A family affair (from left to right)—**Wilson Lao, MD**, instructor of medicine, and his son, **Wilson Lao Jr. ('20)**; **Daniel R. Reichert '88**, family medicine, and his son, **Zachary Reichert ('20)**; **Michelle H.L. Loh '92**, assistant professor of pediatrics, and her son, **Matthew Loh ('20)**.



## Center's New Name Honors Dr. Longo

In honor of **Lawrence D. Longo '54** (1926-2016), founder and director emeritus of the Center for Perinatal Biology, the center will be renamed the Lawrence D. Longo MD Center for Perinatal Biology.

As a world-renowned leader in the fields of developmental biology and physiology, maternal-fetal medicine, and obstetrics/gynecology, Dr. Longo's passion for issues relating to women's health and fetal development continues to be the focus in the center. Faculty and staff of the Lawrence D. Longo MD Center for Perinatal Biology will carry on his legacy in the pursuit to uncover the secrets of developmental biology, and continue to *Persevere!* ■

## Upcoming Alumni Events

**March 2-6**  
LLUH Homecoming

**March 3-6**  
85th Annual Postgraduate Convention

**July 9-21**  
Nordic Legends Cruise

## Follow the School of Medicine Online

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Facebook: [Facebook.com/llusm](https://www.facebook.com/llusm) The Dean's Instagram: [@RogerHadley](https://www.instagram.com/RogerHadley)  
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The School of Medicine News is developed by Tony Yang, marketing coordinator at the School of Medicine.



It

By Rima Bishara '86

It was there. In the shower. On the right. But, it could be anything. She'd wait for a couple of weeks to let the hormones settle, then recheck.

It was there. In the shower. On the right. Call her primary care provider. At the appointment. "It is probably nothing." "We'll check to make sure."

It was there. In the shower. On the right. Solid. Call the surgeon. At the appointment. "Let's do a biopsy now." He'll get back to her soon.

The call. "Not what we wanted." "I'll have my staff set up a date for surgery." "Lumpectomy." "Chemo." "Radiation." "It's early."

Talking to the kids, 16 and 17 years old. "It's early." Solid, there, on the right. Going to the mall for school supplies. In a bubble with everyone walking around her.

The surgery. Friends and family and amazing support. Shocked by their response. The community. Responding. Food delivered. Errands done. Visits ongoing. A month off work. Arms not moving. No lifting. No driving.

Healing. Spiritual connection. Plugged into a source of power and love. Arm movement improving. Driving again. No lifting. "How are you doing?"

Chemotherapy. "You might not lose your hair." "Ninety-nine percent do." IV's started, sitting all morning hooked into beeping machines. Peace, power, love. Focus and commitment.

Driving to work. Hair lost in the shower an hour ago. Rushing to work. Stopped for a speeding ticket. Lost composure. "It is for your safety that we stop you when you are speeding..."

Wigs, sprays, gels, three week cycles. Medicine for nausea. Medicine for infection. Medicine.

Final treatment. "Congratulations." It's been great working with you.

Radiation. Six weeks. Tattoo markings and computer models. Daily treatment. Skin care. White undershirts to sop up the thick moisturizer. Clothes fit weird. Celebrate completion.

Thank you party for meals, errands, visits. Celebration. Joy.

Settling into life after. Healing, power, peace. Loving the kids fiercely. Commitment to motherhood in the present on behalf of their future.

Clarity of vision. Her place in life. Her task defined. Her life work. Her passion for her profession.

Her soul friends. Her bedrock of spiritual support. Connection with spirit. Certainty of purpose. Stepping out in faith in the absence of proof. Step one, step two. Look up, never down, never forward. Look up. Step where the light shines. Only. Ever. The light will always guide.

So blessed. So healed. So connected. Step, step, step, step. Step off the ledge. Focus on the light up there. Focus. The light.

Thankfulness for this opportunity to trust, to walk, to follow only the light.

And then, she was me. ■



Dr. Bishara is an internist with the Central Texas Veterans Health Care System. She was previously in solo private practice for 17 years. She also spent two years serving at the Federal Bureau of Prisons facility in Ft. Worth as a National Health Service Corps scholarship recipient.

PHOTO: EMANUEL MARKEZ

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# Of Checks and Recyclables

## A lesson in the meaning of giving

By **Dennis E. Park, MA, hon-'07**, consulting editor/historian

*This article is a second in a series by the author featuring School of Medicine alumni, some living others deceased who made a profound impression on the former executive director (1993-2011) of the Alumni Association.*

In the summer of 1989, the Alumni Fund Council—the fundraising arm of the Alumni Association, School of Medicine of Loma Linda University—was facing a \$50,000 Student Loan Fund shortfall brought about by an accounting clerk's misinterpretation of a financial statement. As I sat at the conference room table,

I was impressed by the understanding the council displayed as they heard the explanation of the inadvertent error. Moreover, I was awed by the rapid response of the council members as they rose to the occasion.

One member said: "Well, gentlemen, the money has been loaned out. The students counted on the funds." Another declared, "There is only one thing we can do. We need to bring the account into balance." "Agreed," someone seconded. "I'll give \$5,000," stated another. With that statement more pledges were voiced. Some began writing checks, others pledges.

I remember looking down the long table, my eyes landing on **James A. Jetton '34** (1907-2003) who had sat quietly throughout the discussion. Pulling out his wallet, he retrieved a folded check. After pausing for a moment, he began writing. As he wrote, someone enthusiastically called out, "I think we have the \$50,000." There was a round of applause as the checks and pledges were handed down my way. The council chair thanked the members for rising to the occasion and then adjourned the meeting.



*James A. Jetton '34 and his wife Marge pose for a photo in their home in 2002. Dr. Jetton, the physician for whom the Jetton Pavilion at the Centennial Complex is named, left a deep impression on the author.*

After securing the donations in the safe, I made my way to the staff kitchen to turn out the lights. Entering, I saw a lone, hunched figure rummaging through the trash. Not knowing who it was, I asked, "May help you?" I was taken aback when the stocky, white-haired Dr. Jetton stood and turned. Suit coat absent and with dress sleeves rolled up to his elbows, the ruddy-faced physician stared at me and I at him. He broke the stalemate with a smile and a single word: "Investment."

**The ruddy-faced physician stared at me and I at him. He broke the stalemate with a smile and a single word: "Investment."**

"Pardon me?" I said. At my query he lifted his hands. One clutched a large empty 7Up bottle, the other, three crushed soda cans.

"Investment. Marge (his wife) and I collect empty liter bottles and soda cans to recycle. At the end of the year we turn the recycling refund money in to support the year's designated Sabbath School investment program." With that, he turned and pulled out of the trash a discarded plastic bag in which he placed his treasures. After washing his hands (like any surgeon would), he quietly made his way down the hall.

The next morning, I tallied the checks and pledges. One check, creased in the middle and a little worn, caught my eye. *This can only be from one person*, I mused. Yes, the signature and amount were clear and distinct: James A. Jetton, MD, \$5,000.

As I pondered his gift, I could not help but reflect on the events of the previous evening. There I was, holding a \$5,000 check from a physician who had given sizable gifts over the years to the Alumni Association, Loma Linda

*(Continued on page 43)*



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# Mission Trip Man

## An interview with Dr. Arnold Petersen

Interviewed by Chris Clouzet, *staff writer*

As a boy, **Arnold L. Petersen '66** would sit enraptured by the repertoire of stories his grandfather told from more than 35 years of missionary work in west China. When Chairman Mao took over the country in 1949, Dr. Petersen's grandfather and four other missionaries escaped by foot to

Burma. The boy's father, **Arnold L. Petersen '44-A**, an obstetrician-gynecologist at White Memorial Hospital would also bring home fascinating stories from the hospital, and by the 4<sup>th</sup> grade the young man already knew he wanted to follow his father into medicine. The decision was solidified when, just before finishing academy, his father went on a teaching tour of mission

hospitals from Asia to the Middle East, taking the boy along. It was an experience that changed his life. These tales and trips played key roles in developing a lifelong passion for both overseas and local mission work in young Dr. Petersen.

Focused on his goal of becoming a physician, Dr. Petersen hustled through Pacific Union College in three years (along with his longtime friend and classmate **Marland A. Hansen '66**). After medical school, marriage, an internship, and licensure as a pilot, he and his wife Karen spent two and a half years serving at Davis Memorial Hospital in Guyana. There he delivered some 700-800 babies and made the decision to follow his dad's professional footsteps into the field of OB-GYN. He returned to the States for residency training at the White Memorial Hospital.

Since his days in Guyana, Dr. Petersen has continued to travel overseas for medical mission work about once a year. He has been to diverse places including Papua New Guinea, China, Ecuador, Ethiopia, Russia, Kenya, and Guam among others; he has done relief work for fellow missionary physicians and joined Maranatha building trips. Most frequently, however, he has helped to organize mission trips with his church family at Sunnyside Adventist Church in Portland, Oregon, where he has also practiced for many years at Portland Adventist Hospital.

We asked Dr. Petersen about his mission experiences and he was happy to oblige us with stories, advice, and wisdom. Following are some of the highlights.

**Why, after 50 years of practicing medicine, are you still so passionate about overseas mission work?**

It's about the closest we can come to the feeling Christ had when he touched the leper or the eyes of the blind man. Those people had no hope and when we go to these

*Arnold L. Petersen '66, OB-GYN, practices sutures on a pig's foot in a surgery workshop at the 2016 Annual Postgraduate Convention. He keeps his skills sharp for the hand and foot injuries he comes across during medical mission trips abroad.*

third-world countries, many people that we're helping have very little hope. Today, Ethiopia has one doctor per 17,000 people. In Oregon, we've got one per 300. So it's the satisfaction of helping people—not only now, but eternally—whose hope of getting help is very slim.

**Can you tell us about your involvement in the Advanced Life Support in Obstetrics program?**

Here at Portland Adventist I direct the Advanced Life Support in Obstetrics (ALSO). It's a course modeled after Advanced Trauma Life Support and Advanced Cardiac Life Support, and it is held every fall. We put OB providers (obstetrician-gynecologists, family docs, midwives, and labor and delivery RNs) through the urgencies and emergencies that occur in obstetrics.

This year is actually the 50th anniversary of that program. I had a little to do with broadening it to third-world countries. I met with the ALSO International directors and proposed a simpler version of the course: Basic Life Support in Obstetrics (BLSO). It would be adapted to reach out to the traditional birth attendants and lay midwives who do the bulk of deliveries in the third world, and would rely on visual aids and the practice of identifying and handling urgencies. Manikins would be used for demonstrating deliveries, emergencies, and the care of newborn infants. The directors saw merit in it and developed a BLSO curriculum in 2009.

**[Mission service] is about the closest we can come to the feeling Christ had when he touched the leper or the eyes of the blind man.**

Now on mission trips I connect with the district health authorities and their district hospital. We simultaneously teach the BLSO for traditional birth attendants and the regular ALSO to the obstetrical providers in the hospital. We look for local leaders with talent in teaching and leave our materials and manikins for them to continue practicing the emergency drills when we are gone. We try to take a small team back within two years to go over it again.

I think there are now over 60 countries that have been blessed by somebody from the ALSO organization teaching this. It's not just helping the people we come in personal contact with, but leaving them with education that will make obstetrical care better. Because one of the commonest ways a woman loses her life in third-world countries is in childbirth. Pregnancy is a dangerous thing in a third-world country.

**It sounds like your church is very involved in missions.**

Yes, it is. Sunnyside Church organizes at least one mission trip a year. Last year we had three. This year our big trip was to Ethiopia, where we held clinics and evangelistic meetings at our Ethiopian Adventist College south of Addis Abba. We also have a small group in Romania holding evangelistic meetings right now. Our church feels strongly that world mission projects reinforce our local mission efforts here in Portland.

**How does your church plan overseas mission trips?**

**Theodore Mackett '68** is our current mission committee chair. We meet regularly, along with the pastoral staff, and evaluate the many requests for aid. We generally send out an advance team at least six to nine months before going someplace. We've got to get licensed in a country and meet local health leaders and church leaders.

Then we raise money and recruit volunteers. By this time we have a good idea of what the medical needs are, as well as the building needs—for an Adventist school or church, for example. We do everything in conjunction with the General Conference and the local churches. We want to help, not be the Americans who come in with all the answers.

We learn more from those we visit on these trips than we teach them. I'm just amazed at the humble faith that our third-world church members have. They have few worldly goods, but they're happy. They love the Lord, and they have a fervent faith. Our own spiritual experience is immeasurably enhanced by these mission trips.

**Have you ever had a problem with U.S. customs?**

Only once—and it was really funny! When we finished a trip to New Guinea we left the country through Cairns, Australia, and the dogs at the Australian airport “alerted” on our bags. We knew we didn't have any contraband, but they delayed us about 45 minutes. You know what they smelled? It was something from our Adventist Book Center—vegetarian beef jerky! I don't know what was in that jerky, but it was compact and easy to carry, and the dog sniffed it out. We all had a good laugh at that.

**Give us an example of an interesting person you've met overseas.**

In 1994, Rwanda fell not into a civil war, but genocide. In 100 days at least 800,000 people were massacred. After the genocide, I went with another physician and three nurses with ADRA to a former Baptist mission hospital, probably eight hours from Kigali. We were guarded at all times by guards the country sent with us. These were 15- to 18-year-old boys carrying AK-47 assault rifles because there were still killings going on.





I have never experienced anything like what I experienced there. The hospital had lost 300 workers who were massacred on one afternoon. While there, I spent the majority of my time taking care of machete wounds, and they were horrible. But I saw the most moving act of forgiveness I've ever seen in my life.

During the genocide, the government already knew who were Tutsis and who were Hutu, and they would go to a Hutu and say, "We have on our list a Tutsi. We understand he's your next-door neighbor. Here's a machete, we want you to kill him." And if he refused, they shot him. Then they'd go to the next neighbor. "We want you to kill him." After two or three neighbors had been shot because they wouldn't kill, the next guy down the line said, "We're all going to be killed anyway, I might as well save my life and kill my neighbor." And so there was guilt on many of the survivors. Many of these people who were part of the killers had escaped across the border to the Congo, but they were starving in the refugee camps.

At this hospital, the pharmacist was away when his wife and four children were massacred. At one point, I stepped out of the surgery suite for a break and he was there. My nurse was also with me. She could speak English and had also been away from the hospital and lost 23 members of her family the day of the massacre. I saw a man who was in need of medical help coming up the lane to the hospital. There was a buzz, so I asked the nurse, "What's going on?" She said, "That's the neighbor who killed the wife and four children of the pharmacist."

There was a guard next to me with his AK-47. He was ready to be judge and jury. He heard what the nurse said and asked, "Is that so?" He went over and put his gun to the head of the man coming up the road and said, "They tell me that you killed this man's wife and children." The man nodded his head and said, "Yes, I did." He was crying.

It looked like the guard was going to kill him there on the spot. The pharmacist ran up and pushed the gun away and told the guard, "Don't kill him. Don't kill him. I have forgiven him for what he did to my family. Give him a chance to make peace with God."

That pharmacist hadn't said a word up until that time. He could've just stood there and watched the man receive justice. He didn't have to run in and push that gun away. That will remain with me for the rest of my life.

#### How did your medical training at Loma Linda influence your plans or desires in medical missions?

I teach at Oregon Health & Science University, a state school. I also hold a teaching appointment with Western University School of Medicine. Every morning at 6:00 I teach third-year medical school students and have the opportunity of seeing what happens on these campuses.

And I do not understand why any Adventist would go to these schools instead of Loma Linda. The difference is profound.

The students study hard and work hard during the week, but the weekends are party time. Not go-to-church time. Yes, some of them have an interest in helping in third-world countries; they're good people. But their focus is not the same. When a person is dying, these other schools do a good talk about being compassionate and careful about what you say, but because many of them have taken the scientific approach and don't think there's a God they don't have anything to point these people to.

I was involved when Russia first opened up in the early 1990s. We had a number of mission trips into Russia, but we didn't give medical care, we taught. The church had held a series of evangelistic efforts for about two years and had baptized about 600 Russian physicians. Around

#### Our own spiritual experience is immeasurably enhanced by these mission trips.

1993, Mark Finley was planning an effort in Moscow. A group of LLUSM alumni heard about the 600 Russian physicians and arranged to invite and pay for them to come to the Moscow meetings. **B. Lyn Behrens '63-aff** coordinated the team. While the team was organized for medical CME, **Wilber Alexander, PhD, '93-hon** was asked to spend half of each day teaching them how to treat not only medical needs but also the spiritual needs of their patients. We rented a hall and met with them for five days. We discovered that sometimes they didn't have basic antibiotics and simple supplies they needed to care for their patients. One thing that we could teach them from Loma Linda was that they were now baptized Adventists and they always could provide hope by pointing their patients to Jesus Christ. That turned out to be the most important thing for them. That is the difference at LLU.

To me, Loma Linda was a marvelous experience. I have to say the same for Adventist grade school, academy, and college, and particular teachers who were mentors to me on my spiritual journey. Wilber Alexander is a marvelous Adventist Christian. He was with us on that trip and brought spiritual insight to these newly baptized Russian physicians: Even when your hospital's out of supplies, you can still pray with patients; you can point them to Christ and give them hope.

I had a discussion with the vice mayor for St. Petersburg when we were on another teaching trip. The advance team found out that he had a daughter with cystic fibrosis, but

(Continued on page 47)

## Invitation to the Class of 1967

Reception and Buffet Dinner (with the 25th Anniversary Class of 1992).

Saturday, March 4, 2017 at 6:00 pm | Cost: \$60 per person

Redlands Country Club, Main Ballroom | 1749 Garden Street | Redlands, CA 92373

Phone: (909) 793-2661 | [www.redlandscountryclub.com](http://www.redlandscountryclub.com)

Momentos and hard copy photos from our class will be displayed during the dinner.

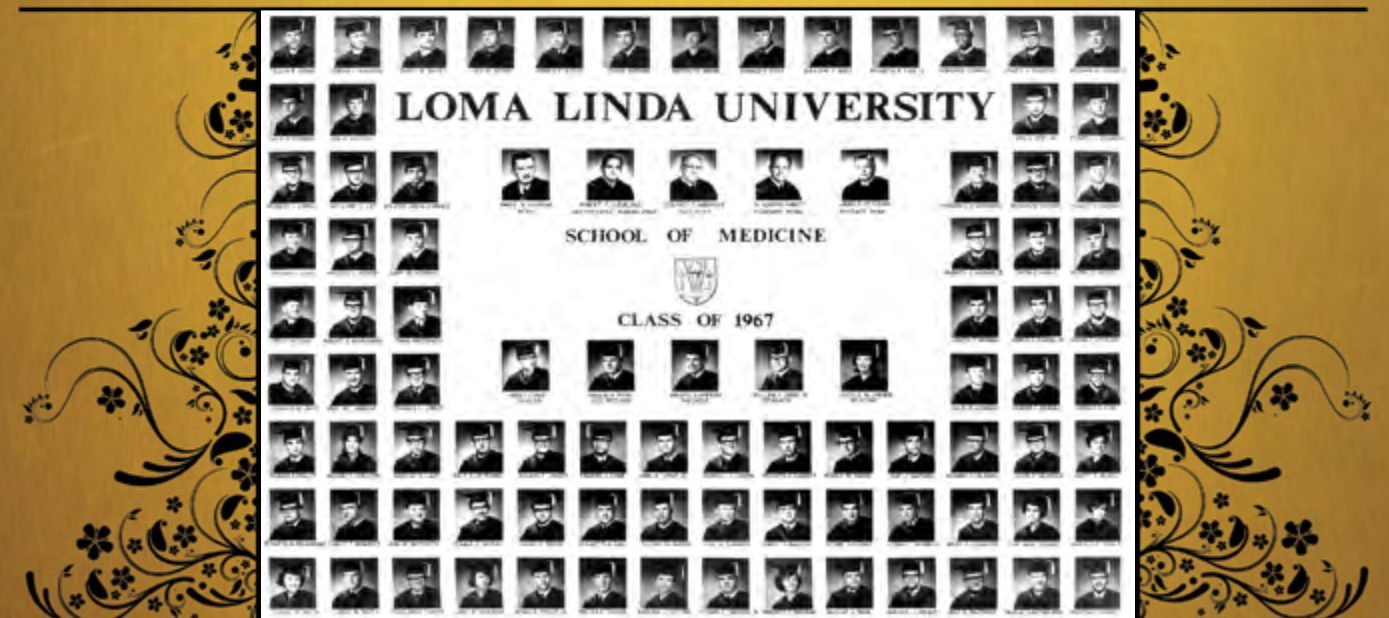
Private class meetings to follow dinner during which we will be socializing, and discussing disposal of our class funds announced during the APC Gala on

Sunday, March 5, 2017.

RSVP: Anton (Tony) Hasso  
[anhasso@uci.edu](mailto:anhasso@uci.edu)  
 text or call: (714) 272-4050 for more info

Let's make sure we all contribute to the class fund this year, so that we can, together, fund a gift to the School of Medicine!

Send checks payable to: Alumni Association LLUSM | Memo: c/o 1967



Blessings to you and your families,  
 Anton N. Hasso, MD  
 LLU School of Medicine Class of 1967 Representative  
 LLUSM Alumni Association President-Elect





**Wilbert Perez Velez '16** and **Neil Patel '16** turn for a quick photo during the 2016 School of Medicine conferring of degrees ceremony at Loma Linda University.

# Graduation 2016

## Be Brave

**T**he end of May brought another graduation weekend for Loma Linda University School of Medicine. One hundred and sixty-eight medical students of the Class of 2016 donned their regalia, marched to the stage, and received their diplomas—walking off as newly minted doctors of medicine.

The weekend began Friday evening with the consecration service and hooding ceremony. Dean **H. Roger Hadley '74** and his wife Donna presented silver commemorative baby cups to children born to class members during medical school. Then, parents, spouses, and other loved ones joined their graduates on stage to drape the green hoods of medicine over their shoulders. Sabbath morning's baccalaureate service featured several graduates who participated in word and song. LLU Church senior pastor Randy Roberts exhorted the graduates to avoid the “Oh, that?” way of life—and medicine—and embrace the spirit of *Wow!* as they furthered the teaching and healing ministry of Jesus Christ. Follow Jesus around, he said, and you will be amazed.

Bright and early Sunday morning May 29, the campus lawn buzzed with the activity of staff setting up the venue and friends and family saving seats. Finally, at 8:30 a.m.,

the orchestra played the first notes of Wagner's *Die Meistersinger* and the ceremony began.

**Gillian L. Seton '08** gave the commencement address, recounting her experience in Liberia during the Ebola epidemic in 2014 and the death of her young colleague, Thomas. She reminded graduates that their own “times of trouble” would find them, whether professional, financial, relational, or otherwise. She said to remember three things: First, you are human. You'll make mistakes; forgive yourself and learn from them. Second, you're not alone. Asking for help—whether from a colleague at your side or from God above, is a good thing. Third, be brave.

Members of the Class of 2016: As you enter the ranks of LLUSM alumni, the Alumni Association wishes each of you a hearty “Congratulations!” Blessings as you pursue your careers in the healing arts all over the world. Be brave, and be in touch! ■

## LLUSM Alumni Awarded

The following awards were presented to LLUSM alumni and faculty during the 2016 LLU commencement ceremonies:

- **University Distinguished Investigator Award:** **Brian S. Bull '61**, professor of pathology and human anatomy; Gordon G. Power, professor of basic sciences and of gynecology and obstetrics
- **University Global Service Award:** Ann and **Hervey W. Gimbel '55**
- **University Community Engagement Award:** **Richard H. Hart '70**, president of LLUH
- **University Alumnus of the Year:** **J. Lamont Murdoch '63**, professor of medicine
- **School Distinguished Service Award:** **George D. Chonkich '60**, associate professor, department of otolaryngology and head and neck surgery; **George H. Petti '62**, professor, department of otolaryngology and head and neck surgery; **Robert P. Rowe '62**, emeritus associate professor, department of surgery



Brian S. Bull '61 (right) receives the University Distinguished Investigator Award from University president, Richard H. Hart '70 (middle) and Dean H. Roger Hadley '74.

## Military Commissioning Ceremony

This year, four medical graduates were among those commissioned and promoted as officers in the U.S. Military. The ceremony took place in the Randall Amphitheater following the conferring of degrees.

Former Alumni Association president and retired Army Brig. Gen. **Michael H. Walter '73-B** led the new officers in their oath of office and promotion. Dr. Walter and his wife Marianne also offered words of guidance and encouragement to the graduates as they begin their new careers.

The School of Medicine's military graduates of 2016 are: **Brendon Bauer '16**, 2nd Lt., Air Force; **Jason Dedeker '16**, Ensign, Navy; **Scott Guthrie '16**, 2nd Lt., Army; and **Beverly Strunk '16**, Ensign, Navy.



From left: Retired Navy Capt. **Richard E. Chinnock '82**, chair of pediatrics; **Brendon Bauer '16**; **Scott Guthrie '16**; **Jason Dedeker '16**; **Beverly Strunk '16**; retired Army Brig. Gen. **Michael H. Walter '73-B**, professor of medicine; and Army Lt. Col. **Gregory Guldner**, associate professor of emergency medicine.

## Graduate Students Receive Degrees

Twenty-five students were granted degrees in the basic sciences from the School of Medicine at the 2016 graduation ceremony.

Buhle Appling received a bachelor of science degree. Warrie Ferrer Layon, Jr., Amanda Meacham, Lance Ralph Pompe, Sandra Ruth Waresak, Summer Rose Weeks, Brittany Nicole Hamilton, Cassia Elaine Owen, and Elwood J. Siagian, all earned masters of science degrees.

Doctor of philosophy degrees were awarded to: Andrew Ryan Crofton, Yan Chen Wongworawat, Matthew Peter Curtis (MD/PhD), Margaret Alexandra Carlann Horsley Hubbell (MD/PhD), Richard Burdette Thorpe, Christian Mensah Sarfo-Poku, Kenneth Patrick Coulson, Ana Maria Martinez, Matthew Aaron McLain, Ozioma Salomey Chioma, Tanya Larissa Cupino, Terry-Ann Maria Milford, Jessica Ann Jones, Brandon Joseph Dixon, Jacques Christian Mbongue, and Prativa Sherchan.



# From the Class President

By **Casey Harms '16**



It is hard to put into words all the things I feel about our time in medical school. A few adjectives come to mind: awed, because the experience was life-changing; fulfilled, because we made the deepest of friendships that will last forever; and grateful, because we learned new ways

to serve others. Personally, I am also inspired to be part of a class whose members' utmost desire is to selflessly impart blessings to their communities and the world.

Already, I can feel how new currents of residency life can work against me being the kind of resident I have intended to be. For example, whereas Loma Linda University actively encourages its trainees to incorporate spiritual care into their interactions with patients, I have noticed I feel more exposed when doing so now. Not only is the culture different, but I often have unsuspecting medical students with me. Upon reflection, though, what this really means is that my opportunity to share a testimony of my relationship with God has now widened exponentially, and it will continue to do so.

I challenge you to not shy away from your newfound influence. You are given the privilege of being lights shining in the darkness. May this lead you to your knees, and motivate your every interaction with others to be consistent with the character of Christ.

Don't forget yourself and your family. If allowed, residency will crush you with its constant irrational demands: long hours, variable sense of accomplishment, and unrealistic expectations. Before you realize it, your emotional reserves will be exhausted.

Lastly, though scattered throughout all corners of the country, let us be in each other's thoughts, that prayers may ascend to heaven on our behalf, and words of encouragement be shared as possible. I wish each of you Godspeed. ■



**Casey Ryan Harms**  
**President**  
Anesthesiology  
Oregon Health & Science Univ  
Walla Walla University



**Stephen Daniel Gregory Thorp**  
**Vice President**  
General Surgery  
Grand Rapids Med Edu Partners  
Southern Adventist University



**Paige Elyse Stevens**  
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**Lauren Danielle Caradonna**  
**Community Service Coordinator**  
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Southern Adventist University



**Ivanna Natasha Maxson**  
**Sports Coordinator**  
Pediatrics  
LLU Medical Center  
University of Central Florida



**Eric Seiji Matsumoto**  
**Historian**  
Family Medicine  
O'Connor Hospital  
Azusa Pacific University



**Oluwatobi Anuoluwapo Afolayan**  
**Technology Representative**  
General Surgery  
U of Washington School of Med  
UC Riverside



**Matthew Peter Curtis**  
**LLUSM Senator**  
Diagnostic Radiology  
U of Utah Medical Center  
Walla Walla University



**Vanessa May Diambois**  
**LLUSM Senator**  
Med/Peds  
U of Miami/Jackson Mem Hospital  
Oakwood University



**Morgan Alexander Green**  
**Alumni Representative**  
Pediatrics  
UCSF Benioff Children's Hosp Oakland  
Oakwood University



**Ariana Kartika Anugerah**  
Anesthesiology  
Northwestern University  
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**Amy Woods Appleby**  
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IU Health Methodist Hospital  
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**Nikoleta Brankov**  
Internal Medicine  
LLU Medical Center  
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**Breanna Cherie Breeding**  
Pediatrics  
U of Arizona Health Sciences Ctr  
Whitworth University



**Kassandra Brown**  
Family Medicine  
U of Florida—Shands  
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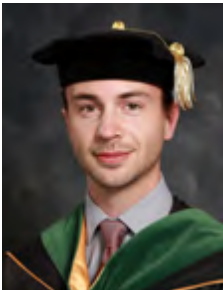
**Tyler Nelson Brown**  
Pediatrics  
U of Utah Medical Center  
Arizona Christian University



**Corey Burke**  
Orthopedic Surgery  
LLU Medical Center  
Judson College—Elgin



**Hayden Thomas Cale**  
Internal Medicine  
U of Utah Medical Center  
La Sierra University



**Justin Theodore Calvert**  
Medicine/Anesthesiology  
LLU Medical Center  
Walla Walla University



**Justin Michael Chen**  
Internal Medicine  
Providence Sacred Heart Med Ctr  
Walla Walla University



From left, **Kristina Kyle '16**, **Carrie Lam '16**, and **Stephanie Lao '16** smile wide for the camera during the graduation ceremony.





Top: **Ruth Belay '16** is hooded by her father, Belay Tessema, MD, and mother, Zemenayi Molla. Middle: Little Wesley adjusts Dad's cap (**Corey Burke '16**) as Mom (Tatum) makes finishing touches to Dad's hood placement. Above: LLU faculty and proud parents, **Daniel W. Giang '83** and **Sarah Marie Roddy '80-B**, hood their son, **Michael Giang '16**.



**Daniel Chiou**  
Med/Peds  
LLU Medical Center  
UC San Diego



**Michelle Yong Choe**  
Pediatrics  
Children's Hosp Orange County  
Johns Hopkins University



**Nicole Unjo Choi**  
Internal Medicine  
LLU Medical Center  
U of Illinois at Urbana—Champaign



**Russell Irving Carl Erickson**  
Transitional  
LLU Medical Center  
Walla Walla University



**Matthew Lewis Farr**  
Anesthesiology  
U of Utah Medical Center  
University of Utah



**Ashley Lauren Fedusenko**  
Anesthesiology  
LLU Medical Center  
Southern Adventist University



**Andrew David Fellers**  
Family Medicine  
Saint Joseph Health System  
Kettering College



**Danielle Kristin Craig**  
Surgery—Prelim  
LLU Medical Center  
Walla Walla University



**Clarkson Crane**  
Med/Peds  
U of Utah Medical Center  
California Lutheran University



**Tabitha Dawn Crane**  
General Surgery  
LLU Medical Center  
Transylvania University



**Adley Chris Dason**  
Transitional  
LLU Medical Center  
Canadian University College



**Aubrey Yurie Ferguson**  
Emergency Medicine  
Harbor-UCLA Medical Center  
La Sierra University



**James Emil Fernando**  
Family Medicine  
Providence Sacred Heart Med Ctr  
Union College



**Marly Francois**  
Obstetrics and Gynecology  
Rush University Medical Center  
Seton Hall University



**Jasmine Yaxun Fu**  
Anesthesiology  
UC San Francisco  
UCLA



**Christopher Bryan Daum**  
Internal Medicine  
LLU Medical Center  
Union College



**Paul Richard Davis**  
Anesthesiology  
Mayo Clinic Minnesota  
Bethel University



**Jason Andrew Dedeker**  
Psychiatry  
Naval Med Center Portsmouth  
Southern Adventist University



**Randall Matthew DeLeon**  
Anesthesiology  
LLU Medical Center  
Andrews University



**Riley Andrew Garrett**  
Anesthesiology  
U of Miami/Jackson Mem Hospital  
UC Irvine



**Linden Reed Doss**  
Ophthalmology  
New York Medical College  
UC Santa Barbara



**Michael Stephen Douglas**  
Medicine/Anesthesiology  
LLU Medical Center  
Point Loma Nazarene University



**Eric Brent Edgerton**  
Emergency Medicine  
U of Florida—Jacksonville  
Southern Adventist University



**Scott Charles Epperly**  
Orthopedic Surgery  
LLU Medical Center  
Embry-Riddle Aero Univ—Worldwide



**Samantha Heidi Garvanovic**  
Anesthesiology  
LLU Medical Center  
Benedictine University

Top: **Casey Hoehn '16** and his wife, Kimberly Duvall-Hoehn, smile after a successful hooding. Middle: **Yvonne Pham '16** appears amused as her parents, Ryan Pham (left) and Thu Hong Vu, work on getting her hood straightened out. Above: Members of the Class of 2013 are held by their graduating parents during a mass "family" photo. From left are **Justin Chen '16** (Ezra Michael), **Casey Harms '16** (Emmelin Rose), **Amy Appleby '16** (Lily Grace), **Colby Tanner '16** (Truman Boyd), **Christal Nishikawa '16** (Luke Brent), **Mark Ard '16** (only little Owen Scott is visible), **Yuki Miura '16** (Hannah Saki), **Tyler Brown '16** (Wyatt Oliver), **Thomas Stevens '16** (Elias Jackson), and **Ji Kwan Park '16** (Ina).



# Graduation by the Numbers

- 168 Total number of MD graduates
- 71 Female graduates
- 97 Male graduates
- 58 Married (6 to classmates)
- 22 Babies born during med school

## Top Specialties for the LLUSM Class of 2016

- 1 Internal Medicine (15%)
- 2 Family Medicine (12%)
- 3 Pediatrics (10%)
- 4 Psychiatry (10%)
- 5 Anesthesiology (9%)

## Ethnic Origin:

(as specified by students)

- 12 African-American
- 1 American Indian/Native Alaskan
- 2 Asian Indian
- 60 Asian (other, Filipino)
- 80 Caucasian
- 13 Hispanic/Cuban/Puerto Rican/other

## Country of Citizenship:

- 157 United States
- 6 Canada
- 3 Japan
- 1 South Korea
- 1 Trinidad/Tobago



**Marx P. Genovez**  
Family Medicine  
LLU Medical Center  
SUNY at Binghamton



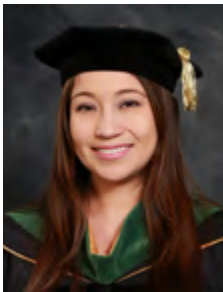
**Benjamin Taylor Gerke**  
Internal Medicine  
Mayo Clinic Minnesota  
California State U—San Bernardino



**Michael Eugene Giang**  
Pediatrics  
LLU Medical Center  
Pacific Union College



**Quince-Xhosa D Gibson**  
General Surgery  
U of Alabama Medical Center  
University of Toronto



**Guadalupe Angelina Gonzalez**  
Family Medicine  
Loma Linda University Hanford  
UC Riverside



**Eric C. Gray**  
Diagnostic Radiology  
Providence Sacred Heart Med Ctr  
Walla Walla University



**Laurel Ann Guthrie**  
General Surgery  
LLU Medical Center  
Southern Adventist University



**Scott Timothy Guthrie**  
Psychiatry  
Tripler Army Medical Center  
Walla Walla University



**Brielle Joy Haggerty**  
Pediatrics  
Mayo Clinic Minnesota  
Bethel University



**Peter Sungmin Han**  
Otolaryngology  
LLU Medical Center  
Pacific Union College



**Abby Lynn Hibma**  
Ophthalmology  
LLU Medical Center  
Point Loma Nazarene University



**Sarah Ann Higgins**  
Pediatrics  
LLU Medical Center  
Masters College



**Hannah Elizabeth Hill**  
Dermatology  
Mayo Clinic Arizona  
Bethel University



**Casey Logan Hoehn**  
Emergency Medicine  
Western Mich U Stryker Sch of Med  
La Sierra University



**John Howe**  
Internal Medicine  
Dartmouth-Hitchcock Med Ctr  
Southern Adventist University



**Margaret Carlann Hubbell**  
Ophthalmology  
Tulane University  
Angelo State University



**Benjamin J. Hummel**  
Internal Medicine  
Kettering Medical Center  
SWAU/University of Texas



**Tedeann Karissa Hunter**  
Otolaryngology  
Wayne State University  
Oakwood University



**Josephine Angela Hwu**  
Internal Medicine  
California Pacific Medical Center  
UC Berkeley



**Michael June Jang**  
Internal Medicine  
Huntington Memorial Hospital  
UCLA



**Woo Jong Jang**  
Internal Medicine  
Kettering Medical Center  
Andrews University



**Jeeyoon Jung**  
Medicine—Prelim  
LLU Medical Center  
Pacific Union College



**Joy Yeonhee Kang**  
Family Medicine  
Kaiser Permanente Fontana  
UC Berkeley



**Jordan Sean Kattenhorn**  
Family Medicine  
LLU Medical Center  
Walla Walla University



**Brian Michael Khan**  
Internal Medicine  
Huntington Memorial Hospital  
Andrews University



**Boram Sunny Kim**  
Family Medicine  
LLU Medical Center  
Andrews University



**Isaac Kihoon Kim**  
Internal Medicine  
Providence Portland Med Center  
Andrews University



**Joseph Hyunsuk Kim**  
Internal Medicine  
LLU Medical Center  
Pacific Union College



A few alumni each year witness their children or grandchildren receive medical degrees from their alma mater. Clockwise from the top left: **Randell S. '82** and **Melinda S. Skau '82** congratulate their daughter, **Keren Skau '16**; **Gerald B. Craigg '96** hugs his daughter, **Danielle Craigg '16**; a proud **Jon R. Kattenhorn '74** gestures “look-at-this-guy” at his son, **Jordan Kattenhorn '16**; **Jerry D. Slater '82** poses with his son and namesake, **Jerry Slater '16**; **Carrie Lam '16** seems happy to receive a congratulatory hug and kiss from her father, **Michael P. Lam '81**; and three generations of Drs. Bauers, (from left) **Carl L. '61**, **Brendon '16**, and **Mark D. '86**, smile together.





Top: Holding the university's ceremonial mace, Loma Linda University Provost Ronald L. Carter, PhD, leads Drs. Hart and Hadley from the stage following the commencement ceremony. Middle: Commencement speaker, **Gillian L. Seton '08**, exhorting the graduates to face difficult times with grace and courage. Above: **Elaine Lin '16**, **Evan Lowe '16**, **Charles Maddux '16**, **Jonathan Maldonado '16**, and **Ryan Manns '16** absorb Dr. Seton's words.



**Peter S. Kim**  
Emergency Medicine  
John Peter Smith Hospital  
Oregon State University



**Nolan Jeffrey Kinne**  
Obstetrics and Gynecology  
White Memorial Medical Center  
Walla Walla University



**Justin Thomas Kistler**  
Internal Medicine  
LLU Medical Center  
Southwestern Adventist University



**Ryan George Knopper**  
Emergency Medicine  
Buffalo General Hospital  
Walla Walla University



**Rachel Heewon Koo**  
Pediatrics  
LLU Medical Center  
Andrews University



**Daniel John Koster**  
Internal Medicine  
Kettering Medical Center  
Calvin College



**Eugenia Kwon**  
Surgery—Prelim  
LLU Medical Center  
Pacific Union College



**Ohwook Kwon**  
Diagnostic Radiology  
LLU Medical Center  
Andrews University



**Carrie Jasmine Lam**  
Family Medicine  
LLU Medical Center  
Pacific Union College



**Stephanie Lao**  
Obstetrics and Gynecology  
White Memorial Medical Center  
Pacific Union College



**Cameron Matthew Lee**  
Surgery—Prelim  
Montefiore Medical Center  
Brown University



**David S. Lee**  
Psychiatry  
Kaiser Permanente Fontana  
UC Irvine



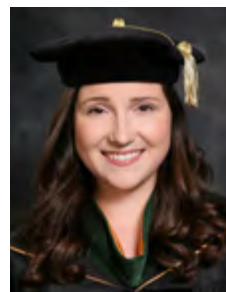
**Michael Jung Lee**  
Diagnostic Radiology  
University of Southern California  
Pacific Union College



**Samuel Jong-Duck Lee**  
Psychiatry  
LLU Medical Center  
Pacific Union College



**Sarah Haejung Lee**  
Physical Medicine & Rehab  
LLU Medical Center  
Andrews University



**Lorelii Odland Lewis**  
Family Medicine  
St. John's Hospital—St. Paul  
Bethel University



**Sophia Myungeun Lim**  
Family Medicine  
Kaiser Permanente Fontana  
Vanderbilt University



**Samuel Houston Limbong**  
Internal Medicine  
LLU Medical Center  
La Sierra University



**Elaine Jenny Lin**  
Dermatology  
UC Davis Medical Center  
UC San Diego



**Kirstin Linder**  
Pediatrics  
UCLA Medical Center  
UC San Diego



**Evan Douglas Lowe**  
Andrews University



**Charles Gregory Maddux**  
Ophthalmology  
LLU Medical Center  
Southern Adventist University



**Jonathan Manuel Gow Maldonado**  
Urology  
LLU Medical Center  
La Sierra University



**Ryan David Manns**  
Family Medicine  
Oregon Health & Science Univ  
U of British Columbia Okanagan



Top: From left, **Lauren Spady '16**, **Vincent Spellman '16**, **Paige Stevens '16**, and **Thomas Stevens '16** smile for the camera. Left: **Jeeyoon Jung '16** receives a handshake from Dr. Hart on the stage after accepting her diploma. Right: At the close of the graduation ceremony relieved and excited new physicians celebrate having officially completed medical school at Loma Linda.







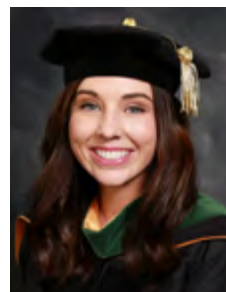
Top: **Sarah Lee '16** and **James Yoon '16** seem amused at the number of photographers snapping photos of them at the same time. Middle: Dr. Harms, his father **Lawrence A. Harms '83**, and his brother Corey Harms, DVM, laugh together after the ceremony. Above: It's a new-graduate sandwich with **Laurel Guthrie '16** on the left and **Scott Guthrie '16** on the right. From left, the sandwich's fillings are grandfather **Richard S. Guthrie '56** and his three sons: Laurel's father, **Todd B. Guthrie '86**; Scott's father, **Timothy K. Guthrie '83**; and uncle **George E. Guthrie '81**.



**Jacob Andrew Martin**  
Obstetrics and Gynecology  
U of Kentucky Medical Center  
Southern Adventist University



**Sarah Elizabeth Massatt**  
Family Medicine  
Mercy Medical Center  
UC Irvine



**Cady Michelle McNally**  
Pediatrics  
Phoenix Children's Hospital  
La Sierra University



**Joshua Michael McCoy**  
Family Medicine  
Via Christi Hospital  
Seattle Pacific University



**Eric Simon McDonald**  
Psychiatry  
LLU Medical Center  
Westmont College



**Yuki Miura**  
Diagnostic Radiology  
LLU Medical Center  
La Sierra University



**Cara Estelle Monroe**  
Oakwood University



**Bryan Nam**  
Internal Medicine  
Santa Clara Valley Med Center  
UCLA



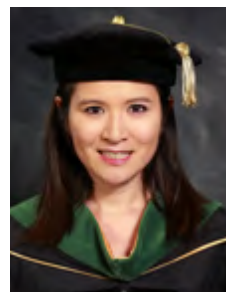
**Christopher Chen Ee Ng**  
Med/Peds  
LLU Medical Center  
University of Maryland—Baltimore



**Anh N. Nguyen**  
Oral-Maxillofacial Surgery  
LLU Medical Center  
AZ School of Dentistry



**Emilie Tien Nguyen**  
Diagnostic Radiology  
Kaiser Permanente LA Med Center  
UC San Diego



**Christal Yoshino Nishikawa**  
Pacific Union College



**Kevin Bejoy Nowrangi**  
Psychiatry  
LLU Medical Center  
La Sierra University



**Ji Kwan Park**  
Ophthalmology  
LLU Medical Center  
LLU/Mountain View College



**JoAnn Jung Yun Park**  
Psychiatry  
UC Davis Medical Center  
U of Illinois at Urbana-Champaign



**Lauren Churchill Parker**  
Pediatrics  
U of Utah Medical Center  
Pepperdine University



**Neil Dilip Patel**  
Psychiatry  
Kaiser Permanente Fontana  
Walla Walla University



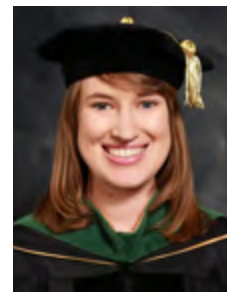
**Wilbert Perez Velez**  
Family Medicine  
Pomona Valley Hosp Med Ctr  
University of Puerto Rico—Mayaguez



**Yvonne Xuan Hang Pham**  
Anesthesiology  
UC San Diego  
UCLA



**Jonathan Prest**  
Internal Medicine  
Indiana University School of Med  
Walla Walla University



**Charissa Elizabeth Rogers**  
Family Medicine  
Providence Milwaukie Hospital  
Walla Walla University



**Rebekah Josephine Romanu**  
Obstetrics and Gynecology—Prelim  
Maricopa Medical Center  
University of Southern California



**Sergio Rafael Rubio**  
Internal Medicine  
Santa Barbara Cottage Hospital  
La Sierra University



**Daniel Samano**  
Family Medicine  
Kaiser Permanente Fontana  
La Sierra University



Top: In the morass of post-ceremony humanity some folks get creative with their people-finding, like **Robert C. Vercio '14**, who pulls double duty—sign and cell—to locate his girlfriend **Abby Hibma '16**. Above: As Dr. Hadley makes his grad rounds, he catches a group selfie with (from left) **Woojong Jang '16**, **Sunny Kim '16**, **Isaac Kim '16**, Dr. Lee, and Dr. Yoon.

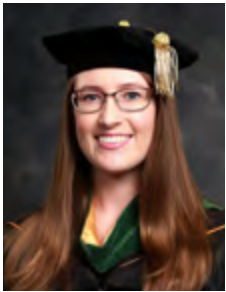




**Melanie Schafer**  
Family Medicine  
Providence Milwaukie Hospital  
Portland State University



**Lacey Jolene Schrader**  
Pathology  
LLU Medical Center  
Walla Walla University



**Amanda Mae Selchau**  
Ophthalmology  
Louisiana State University  
UC Berkeley



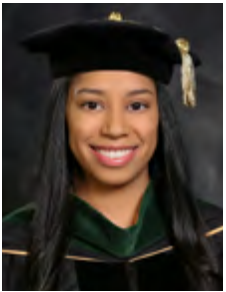
**Amul Manoj Shah**  
UC San Diego



**Drew Samuel Sheldon**  
Internal Medicine  
UC Irvine Medical Center  
Point Loma Nazarene University



**Natalie Shum**  
Anesthesiology  
LLU Medical Center  
UC Irvine



**Jessica Treto**  
General Surgery  
Orlando Regional Med Center  
University of Central Florida



**Cori Rachel Van Gorkom**  
Anesthesiology  
LLU Medical Center  
John Brown University



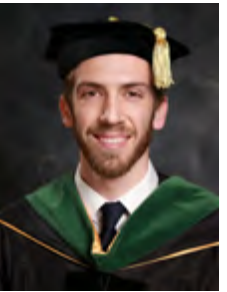
**Lauren Isabella Van Putten**  
Family Medicine  
UCR Health Family Med Center  
Andrews University



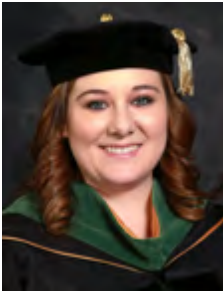
**Janna Miekko Vassantachart**  
Dermatology  
LLU Medical Center  
Pacific Union College



**Hans Friedrich Daniel von Walter**  
Psychiatry  
LLU Medical Center  
Southern Adventist University



**Jared Michael Webster**  
Internal Medicine  
LLU Medical Center  
La Sierra University



**Stacie Kathleen Silva**  
Psychiatry  
UC Davis Medical Center  
UC Davis



**Jerry Munro Slater**  
Diagnostic Radiology  
U of Florida—Shands  
La Sierra University



**Shaun Phillip Smith**  
Transitional  
LLU Medical Center  
University of Tennessee



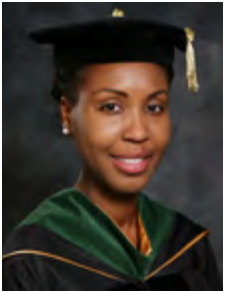
**Giovanna Wolff de Souza Sobrinho**  
Psychiatry  
LAC+USC Medical Center  
York College of Pennsylvania



**Michael Andrew Sookra**  
Med/Peds  
U of Tennessee Medical Center  
University of South Florida



**Lauren Nicole Spady**  
Pediatrics  
LLU Medical Center  
Walla Walla University



**Vonetta Williams**  
Radiation Oncology  
U of Washington School of Med  
Howard University



**Hiroshi Yamagata**  
Internal Medicine  
Kettering Medical Center  
Walla Walla University



**Taechan Paul Yang**  
Physical Medicine & Rehab  
LLU Medical Center  
Pacific Union College



**Alexander Ying-Loong Yeo**  
Diagnostic Radiology  
LLU Medical Center  
Southern Adventist University



**Anthony Yeo**  
Psychiatry  
LLU Medical Center  
Pacific Union College



**Denise Ling Yeung**  
General Surgery  
U of Tennessee Medical Center  
University of Southern California



**Vincent Martez Spellman**  
Obstetrics and Gynecology  
Howard University Hospital  
Oakwood University



**Thomas Campbell Stevens**  
Anesthesiology  
U of OK Health Sciences Center  
Westminster College of Salt Lake City



**Matthew Dallas Stevenson**  
Emergency Medicine  
Stanford University  
University of Nevada—Reno



**Rachel Lanae Stoelk**  
Internal Medicine  
White Memorial Medical Center  
Baylor University



**Matthew Thomas Strelman**  
Oral-Maxillofacial Surgery  
LLU Medical Center  
Andrews University



**Beverly Michelle Strunk**  
Psychiatry  
Naval Medical Center San Diego  
Washington Adventist University



**James Jong-Kyu Yoon**  
Internal Medicine  
LLU Medical Center  
Andrews University



**Robert Patrick Stump**  
Anesthesiology  
LLU Medical Center  
Walla Walla University



**Tyler Phillip Sura**  
Occupational Medicine  
LLU Medical Center  
Bethel University



**Krisalyn Renae Swayze**  
Internal Medicine  
Kettering Medical Center  
Andrews University



**Colby Boyd Tanner**  
Anesthesiology  
UCLA Medical Center  
Brigham Young University



**Alicia Nicole Teferi**  
General Surgery  
LLU Medical Center  
Pacific Union College



**Theresa Thanh Thao Tran**  
Pediatrics  
Children's Hospital Los Angeles  
UC San Diego



**Ji-Ming Joshua Yune**  
General Surgery  
Huntington Memorial Hospital  
Andrews University



*Graduation from medical school is an accomplishment that brings together each graduate's proud group of supporters—whether small or large. Here, a large group of those cheering on **Theresa Tran '16** surround her and Dr. Hadley. (Ed. note: Carol Weismeyer at the dean's office provided much needed assistance—and has before and will likely again!—in identifying students, parents, and faculty in these photos and many others. Thank you, Carol.)*



# The Physician's Ode

By **Abby Hibma '16**

Here we traipse in streaming, daily  
lines to fill the bright great hall.  
Fresh and full of fired-up zest  
to help and heal all.  
New faces almost every day, they  
say we'll soon be friends,  
Perhaps to share the notes and  
toils for grade-point dividends.

With new white coats that seem  
more like a feather in our caps,  
Not noticing their threadbare hems,  
no care of this small lapse.  
The words are long and sound  
afar on this green pack of ears,  
But PowerPoint by note-card stash  
they drill in, pointed spears.

Fresh scrubs and minds are  
soon soaked with that  
draught formaldehyde,  
Limp body gifts for eager hands  
to whittle toward inside.  
These first true patients meant  
for us to enter closer in,  
Knowing how they once held life  
and teach still though now dim.

The brightness turns to low-roof  
brick as days swipe ever past,  
The eager eyes have darker rims  
as flags drop toward half-mast.  
So much new now from all the  
old, the pages heap and pile,  
Boggy mud that howls in that  
inverted life of smile.

Book bags seem to grow in size,  
stiff burdens on hunched backs,  
As Werner's crows of Step 1  
dread run brazen in attacks.  
Food turns to coffee and  
sleep turns to tossing,  
A music box groan at this  
horrid test's bossing.

The clicks and bleak sighs  
for the hours of eight,  
Each careful mouse movement  
swift sealing each fate.  
But then it is over and these  
bonds are broken,  
And sunshine returns to these  
hearts that were oaken.

And then the gun sounds and  
all gates, they fly open,  
This era we've heard of in  
rumors soft-spoken.  
With real-live, true patients,  
now ours for time spending,  
With nerves wrapped in gusto  
we head for the mending.

The art of the humble and  
strong here is learn-ed,  
Inevitable newness and  
failures assur-ed.  
A bond even stronger is  
formed with the others  
Who stand white-clad 'side you  
for victories and stutters.

Soon wide-eyed and drifting  
toward each a safe hollow,  
To cut or to think or help  
sleep or swallow.  
The pace and the people, the  
floors or the clinic,  
Each seeking true meaning,  
strong joy, or near-mimic.

And then come the tickets  
on planes near and far,  
Hurt wallets and jet lag,  
this year's only scar.  
For otherwise soft is this  
meadow far looked-for,  
A flicker of light down this  
once long, dark corridor.

This year's face is freckled  
with brief clinic stints,  
All energies aimed toward  
sly "Can I leave?" hints.  
For sleep, smiles and sunshine  
have played their cards trump,  
And happiness flows on this  
road without bump.

'Til nerves regain function  
and March flares its Ides,  
This sorting hat "Match" casts  
its lots and decides.  
The somedays are here now,  
today grows still, pale,  
The promise is made, future's  
mask with no veil.

We walk across stages in  
stuffy, black robes,  
A small flock of wizards  
forgetting all woes.  
Each coat becomes longer  
and so does each name,  
Two letters now shared in  
this medicine game.

Hearts swell with happy, and  
tears well with loss,  
As feet march toward new roads  
and new paths to cross.  
This bittersweet change-wind,  
now new life it proctors,  
And 'gainst all odds, we've done  
it, we're medical doctors! ■



Dr. Hibma is completing a prelim year in internal medicine then an ophthalmology residency at Loma Linda. She enjoys writing, gardening, and spending time with her close family and friends.

# Runaway Patient

By **Tedean K. (Hunter) Green '16**

I was walking into the pediatric ward at Malamulo Adventist Hospital in Malawi, southeast Africa, when I saw her. She was middle-aged, dressed in the customary *chitenge* skirt and short-sleeved shirt that most women wore

in the villages. Her mouth was lit up with a smile as she talked with a group of ladies. However, my gaze was immediately drawn toward her neck where a large, smooth mass perched right above her sternal notch.

Stopping in front of her, I reached out my hand and placed it gently on her shoulder. "Hello, my name is Tedean and I work here at the hospital. I noticed that you have a mass on your neck. Have you received help for it?" Unfortunately, I realized that she probably did not speak English. "Come with me," I gestured toward the front desk, hoping I could get a translator to help us. Strangely, before I could walk a few steps, she started backing away. The other women around her tried to gently nudge her in my direction. However, the lady kept shaking her head. Then suddenly she ran away!

Confused, I started to walk in the opposite direction. But I could not let go the fact that something was not right about the situation. So, I walked down the hallway to find my friend—a Malawian fourth-year medical student—who was always willing to translate Chichewa for me. Although it felt kind of ridiculous, we set out to find the mysterious lady who had run away. We looked up and down the hospital in the direction she went. We even searched outside of the building in the local market but saw no sign of her. Discouraged, I gave up my quest. "Maybe I'm just scary!" I said as my friends and I laughed.

**The lady kept shaking her head. Then suddenly she ran away!**

Later that day I was on my way back from lunch walking into the pediatric ward to see a patient when I saw the lady again! But this time she was turned away from me, sitting on the bed of one of the pediatric patients. I figured that approaching her again would result in the same situation, so I went to find back up. Running down the hall I found my friend who had helped me and asked, "Please, come with me! I found the lady again and would love to see why she ran away." She agreed and we went back to see her.

When she saw us coming, she burst into laughter and covered her face. My friend translated for me what she said: "I knew all along that you wanted to ask me about my neck! It is a very long story. I was here in the hospital

some time ago to have the mass removed. But my money ran out taking care of another medical problem. So, I did not have money for the appointment. I thought you knew and were mad at me! This is why I ran away."

Although we were all laughing, finding the runaway situation hilarious, there was a deep sadness in my chest. This was a typical situation for many patients at the hospital. There were wonderful stories of patients able to receive free surgeries under certain circumstances, or systems set in place to work off payments. However, other stories told of patients simply unable to receive service.

One of the biggest realizations I walked away with from my time at Malamulo Hospital was the tremendous need. There were instances when medications in the hospital would run out; patients would not have money to feed themselves and get well; blood stores would be depleted despite hemoglobin levels of 2; babies would die to lack of oxygen tanks; patient to nursing staff ratio would be 22 to one; patients with feeding tubes would have no appropriate formula; and staff would not have soap in the wards to maintain proper hand hygiene.

Despite these difficulties, I was inspired by the warmth and inner strength of the Malawian people. Many of them fought in the best way they could to care for themselves and for their children. Many of them could be seen smiling, laughing, and singing in the hospital halls, although at times they would be crying with loud wails of mourning. This experience inspired me and increased my determination to help out in whatever small way I could—even if it meant simply tracking down a runaway patient. ■



Dr. Green is doing her residency in otolaryngology—head and neck surgery at Wayne State University. She and her husband (**Morgan Green '16**, pediatrics resident) look forward to using the skills they have learned to serve at home and overseas.



*Tedean K. Green '16 assists in the operating room during her mission elective at Malamulo Adventist Hospital.*



# Not for the Faint of Heart

By **Lauren D. Caradonna '16**

I rubbed my eyes open as I looked out the plane window. Even if I had been kidnapped, blindfolded, and forced onto this flight without knowing where it was heading, I'd have at least known we were above the Caribbean based on the color of the water alone. I did what I've done time and again on many

other flights: pressed my forehead against the smudged glass and took it all in. About 30 minutes later I saw a large land mass and felt my heart rate pick up. Haiti!

I saw how dry and dusty it looked even from the air. The forecast had warned me it would be in the 90s my first week here, I reasoned to myself. Still wide-eyed and bushy tailed I began to feel contentment in my heart as I realized that this was where I was going to spend the next four weeks. My enthusiasm soon turned to confusion as we continued to fly over the land mass below until we'd traversed it in its entirety and were flying over the blue Caribbean waters again. I never had been good at geography and this was no exception. Only after looking at the maps app on my phone did I realize that the land mass we'd flown over had actually been Cuba. I suddenly

knew what Columbus must have felt like when he claimed some islands in the Bahamas for Spain thinking he had landed in Asia. I shook it off and 30 minutes later I saw the real Haiti.

**I began to feel contentment in my heart as I realized that this was where I was going to spend the next four weeks.**

I was giddy to be in Haiti yet equally anxious. Would my ride be at the airport? Would both of my bags be there? I turned my phone on half expecting to have some sort of Verizon-based miracle that would allow me to freely text anybody I needed to. Out of habit I typed out a

message to my parents: "I have arrived in Haiti!" I wasn't surprised, though, when I promptly got a "message failed to deliver" text back in an almost *Did you really think that would work?* fashion. "Whatever, I've got no expectations," I thought and shrugged it off. My ride and both my bags were there.

The next three weeks flew by as I found myself constantly busy in the hospital and spending my weekends at church and going to the beach... is what I wish I could say about my experience. In fact, I liken those first few weeks to the metamorphosis of a caterpillar to a butterfly, but without all of the transformative beauty. In list form, here's a partial summary of my experiences from the first three weeks:

Spaghetti for breakfast; rice that smelled like something unmentionable (served three times per week); palm-sized tarantulas; staying alone in a large guesthouse; blood-curdling screams at 3:00 a.m.; wailing and shrieking coming from the hospital at every death; Mefloquine-related insomnia and anxiety (still a theory); nearly three-quarters of the long-term missionaries leaving for good or going on vacation for just the right amount of time that I wouldn't see them again, dog-sitting a 90-pound pit bull that only understood Spanish commands to help out one of the aforementioned out-of-town missionaries; intense amounts of time just with myself (and the dog); not feeling safe to venture out of the hospital compound alone; reading daily emails from the U.S. Embassy about this and that protest concerning the presidential elections; no Wi-Fi; no consistent responsibilities at the hospital; fire ants invading my backpack and promptly dying in said backpack; having to do chest compressions for the first time ever on a neonate; seeing several babies die due to lack of resources.

**I got to experience and see true poverty and need in a way I never had before.**

At this point the astute pessimist will notice that I only wrote out the bad things that happened during my first three weeks in Haiti. So that you don't get completely disheartened or start to question where I'm going with this, know that I'm intentionally leaving out everything amazing that happened to me those first weeks because they belong closer to the end of this journey, when I finally began to see them. Yes, this story has a happy ending.

Though my time in Haiti was punctuated by that long list of mishaps, there were many ways in which the trip was enriching and enjoyable. I may not have been able to post a million pictures of me at the beach or at safari

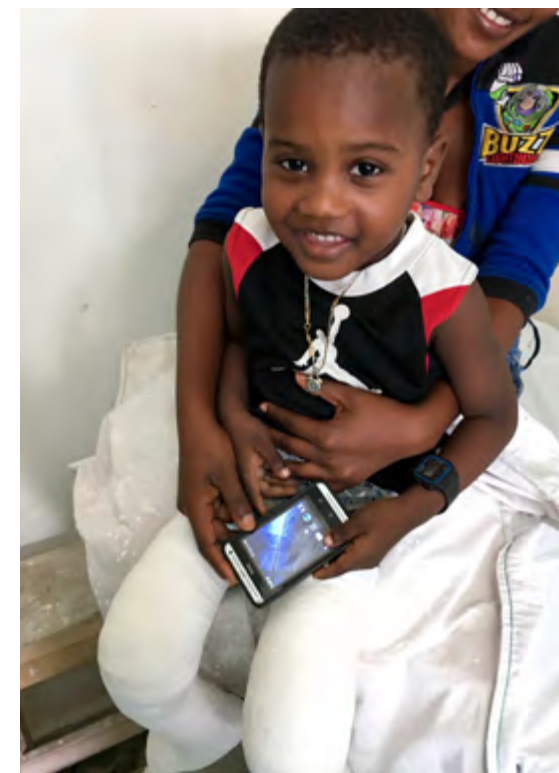
parks or doing the tourist-style activities my friends were doing around the world during this time, but I got to experience and see true poverty and need in a way I never had before.

In addition, I got to help in new ways, such as teaching nursing classes at the hospital and a medical terminology English class to the Haitian doctors. I had taken my good camera and was able to help make several videos for the hospital it could use for its website, and I found myself helping out one of the locals my age with a project of his. I met several doctors, families, and missionaries who had decided to sacrifice comfortable lifestyles in the United States; their passion and enthusiasm was contagious. Wednesday mornings filled me with joy as I helped out with the Club Foot Clinic. We would cast little ones' legs for hours, only stopping to make jokes as I got to use my French with the workers who only spoke French/Creole. Some days I got to help out in orthopedic surgeries, as well as assist in C-sections. I got hands-on experience in neonatal resuscitation as we saw many sick babies come into the emergency department.

All in all, I learned much during my short time in Haiti and was able to venture out of any comfort zones I may have been in when I first arrived. The day I landed in Haiti one of the hospital administrators told me, "Haiti is not for the faint of heart." Looking back, I couldn't agree more with that statement. However, I also came to know that incredible things happen when one is willing to give his or her heart to Haiti. Haiti is a special and unique place and continues to need help and guidance as its people rebuild after the January 2010 earthquake and attempt to restructure their government. I truly believe that those who go to help in Haiti have a special calling from God, and the future of Haiti depends on that calling. ■



Dr. Caradonna is a pediatric resident at Loma Linda University Children's Hospital.



*One of the little ones whose legs were cast by Lauren D. Caradonna '16 in Haiti sits on his mother's lap with a smile.*

*Loma Linda University Health has always meant a lot to us. This institution provided us with a Christian education and the professional foundation to experience adventures around the world.*

— Jack and Sharan Bennett  
LLUSM Class of '62

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# I'm Sorry, Not Guilty

## Disclosure and Apology After Medical Error

By **Lorelii Odland Lewis '16**



**P**atient JW, a 36-year-old female school teacher with two small children, presented to her primary care physician in the fall of 2003 with concern for a non-tender palpable “lump” in her right breast. Just three months earlier she had her annual physical exam, with a normal breast exam

documented. Unfortunately, her primary care physician was out of the office that day. The covering physician, not finding any palpable lesion, recommended monthly breast self-exams, but did not schedule follow-up or additional testing. The patient, reassured by the physician, did not bring it up again although she continued to feel a lump. In 2004 JW had another documented “normal” physical exam. In the summer of 2005, her lump became painful and biopsy revealed invasive ductal carcinoma. Due to the delay in diagnosis, the cancer had already metastasized to the lymph nodes and by the time she had a lumpectomy she needed chemotherapy, a mastectomy, and subsequent radiation therapy. One year after diagnosis she applied for disability due to chronic fatigue, chronic shoulder pain, depression, and anxiety; and she filed a malpractice suit against the University of Michigan Health Services (UMHS).

In recent years the UMHS has adopted an open-disclosure and apology program in which the institution conducts an investigation of potential medical errors and holds official meetings with patients and their attorneys as well as physicians and “risk managers.”<sup>1</sup> During these meetings patients are encouraged to share their stories and feelings, and physicians are called on to respond, explaining any errors and apologizing for any part they may have played in causing the patient’s distress. The UMHS will often negotiate compensation with the patient, and many of these potential malpractice cases are settled quickly and for a lesser fee than the traditional malpractice approach.<sup>2</sup>

In the case of patient JW, UMHS internal investigation revealed that their own experts believed JW’s care fell short of the standard of care and calculated the chance of losing at trial at 85 percent with potential damages surpassing \$3 million. Eventually, the case was settled out of court for \$400,000 with annuities for college funds and a promise to record her case for medical education. After the negotiation process, JW expressed satisfaction

with the open-disclosure and apology system at UMHS, saying that she appreciated the apology and the chance to be heard. Since the institution of this open-disclosure policy, UMHS has claimed a “forty-seven percent drop in per-case payments and a reduction in settlement time from twenty to six months.”<sup>3</sup> The institution reports a decrease in annual litigation cost from \$3 million to \$1 million.<sup>4</sup>

On the surface, the UMHS policy seems to be beneficial to both the individual patient and to the health care system as a whole. Closer inspection reveals inherent flaws in any “mandatory apology” system: a conflict of interest that may actually harm patients and a legal vulnerability that leaves physicians open to future critique. An examination of the current state of disclosure and apology after medical error shows that physicians often cannot be the best advocates for their patients after medical error. It may just be too late to say “I’m sorry.”

**An examination of the current state of disclosure and apology after medical error shows that physicians often cannot be the best advocates for their patients after medical error.**

### The Disclosure Gap

Almost all physicians believe that patients should be informed of medical error when it (inevitably) occurs; however, questions abound as to how this disclosure currently happens across the United States. The relevant American Medical Association advisory opinion states that “the physician is ethically required to inform the patient of all the facts necessary to ensure understanding of what has occurred,”<sup>5</sup> and the most recent Joint Commission guidelines recommend disclosure of “any unanticipated outcomes of care, treatment, and services.”<sup>6</sup>

Patients want to be told about medical errors. A survey revealed that “patients strongly endorse error disclosure

and desire a deceptively simple set of information about harmful errors,” including: “1) an explicit statement that an error occurred; 2) what the error was; 3) why the error happened; 4) how reoccurrences will be prevented; 5) an apology.”<sup>7</sup> However, a survey of physicians found that only a minority would actually disclose an error, with more obvious errors being more likely to be disclosed. Medical specialists are more likely to report errors than surgical specialists.<sup>8</sup> While both doctors and patients state that they ethically value the disclosure of error, there is a wide gap between ideals and actual practice.

### Is it safe to apologize?

Many health care practitioners feel the need to express sympathy and apologize when there is an error. But the internal drive for this “catharsis” is often overcome by fear of legal ramifications, and with good reason. While many states have now enacted “apology laws” designed to prevent apologies being used as admission of guilt, the vast majority of these laws are “sympathy only” and do not protect any statement that could imply that the physician caused the error.<sup>9</sup> California Evidence Code section 1160 protects “the portion of statements, writings, or benevolent gestures expressing sympathy or a general sense of benevolence relating to the pain,

suffering, or death of a person involved in an accident,” yet any “statement of fault ... shall not be inadmissible.” The intentions behind apology laws may be noble, but they offer little actual protection. A watered-down “apology” without any explanation of the error may serve to frustrate patients and leave them feeling more inclined to pursue legal action, if only to learn the real reason for the adverse outcome. “Apologies devoid of self-criticism are less likely to spur a settlement ... [and] tend to be less positively received by victims than no apology at all.”<sup>10</sup>

**While both doctors and patients state that they ethically value the disclosure of error, there is a wide gap between ideals and actual practice.**

As one critic points out, the impetus behind fear of a true apology is based on a logical fallacy: while a person may feel the need to express personal feelings of guilt, this does not necessarily mean that they are actually guilty. Guilt can only be determined by unbiased and thorough investigation and “a guilty or self-critical stance is appropriately directed even at one’s inadvertent, nonnegligent inflictions of harm.”<sup>11</sup> However, in today’s

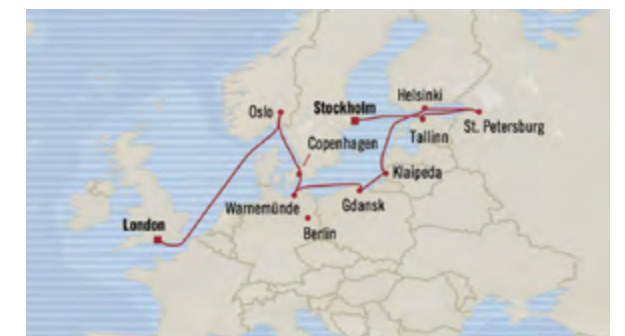


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legal climate physicians should be cautious not to cry *mea culpa* before careful consideration. Though a physician may feel responsible, quite often medical error is due to system failures rather than individual action, something which cannot be determined without large-scale investigation.

History of Apology Law: ‘The Chilling Effect’

The first legislation of protected apology took place in Massachusetts in 1986 after State Senator William Saltonstall’s daughter was killed after being struck by a car while riding her bicycle. Saltonstall wondered why the driver of the car never apologized or even expressed sympathy and later found that he was afraid of the legal implications of apology.<sup>12</sup> This “chilling effect” caused by legal ramifications on the interaction between two parties led to the development of apology law. However, the first law covered only statements of sympathy or “general benevolence,” not admission of fault.<sup>13</sup> Other states soon followed and by 2009 as many as 36 states had some form of “protection” for apologies.<sup>14</sup>

Though a physician may feel responsible, quite often medical error is due to system failures rather than individual action, something which cannot be determined without large-scale investigation.

In 2005, there was an attempt to legislate a national apology law. The National Medical Error Disclosure and Compensation Act introduced by senators Hillary Clinton and Barack Obama, “emphasized open disclosure of medical errors to patients, apology and early compensation, and a comprehensive analysis of the events.”<sup>15</sup> The bill did not pass, but its proposal demonstrates national interest in the issue.

Experiments in Open Disclosure

Several hospital systems have experimented with open disclosure and compensation policies. In 1999 the Veterans Affairs Medical Center in Lexington, Kentucky, instituted a “radical policy of full disclosure” and was the first to demonstrate that an open disclosure system could potentially benefit the hospital and would not cause financial ruin by increasing the number of malpractice claims.<sup>16</sup> As discussed earlier, the University of Michigan Health Services implemented a similar program and reported decreases in litigation costs as well as settlement time,<sup>17</sup> and COPIC insurance group in Colorado has had success with the “3R Program” which is a no-fault program offering compensation of up to \$30,000 to patients.<sup>18</sup>

Benefits of Open Disclosure

With so many reports of successful disclosure and apology programs it easy to see benefits. These programs aim to provide a safe expression of the ethical duty physicians feel to disclose and even take responsibility for error. Surveys show that many patients are satisfied with the experience. This is demonstrated by the case of Charles Utley, “a patient in San Diego who chose to settle directly with the hospital instead of bringing suit over a surgical sponge left in his body after he received unequivocal apologies from the lead surgeon and a hospital administrator” because he felt that “they honored [him] as a person.”<sup>19</sup> Many open disclosure programs aim to involve patients in quality improvement, resulting in better peer review and clinical improvement projects, with the involvement of the patients who were actually harmed by the faulty system.<sup>20</sup> This may be better than traditional “defend and deny” systems, if they can spur change in harmful practices. Non-adversarial open disclosure policies may also offer a chance to preserve the therapeutic alliance between doctor and patient. Finally, there is a clear financial benefit to the institutions that implement an open disclosure policy due to a decrease in the number of claims brought, lower settlement amounts, and shorter settlement times. But this obvious financial benefit to the institution may also be seen as a huge ethical flaw in the system.

True Apology or Financially Driven Manipulation?

As any young child knows “mandatory apology” is often as far from a true expression of regret as possible. Open disclosure policies may be honestly driven by an ethical impulse, but it is also abundantly clear that the institution has economic motivation to provide the least amount of compensation possible, and in the absence of a judge or jury patients may settle for far less than they deserve. This may be fine in the case of an informed patient who consults with legal counsel and determines that the cost and risk of going through a malpractice trial is not worth the potential gain. Uninformed patients, especially when encouraged not to seek the advice of an attorney, may find themselves harmed by these programs.

As one critic observed, the practice of systematic rehearsed remorse is not unlike a technique used by con-artists called “cooling out the mark,” in which a “person in a position of power uses persuasive methods to control the emotional state of a mark [victim].”<sup>21</sup> In future pursuit of efficiency this kind of “cookbook” apology may eventually be delivered not by the patient’s actual physician but by an “error response team” composed of trained mediators whose goal is to achieve optimal patient response.<sup>22</sup>

Despite successful disclosure and compensation, a patient may still decide to pursue a malpractice case, and prior admission of fault in compensation negotiation may be admissible in court. And some malpractice insurance carriers may consider a full apology an act that makes the client impossible to defend, and thereby invalidates insurance coverage.<sup>23</sup>

As any young child knows “mandatory apology” is often as far from a true expression of regret as possible.

Justice for JW?

So was JW a patient who successfully navigated medical error and received adequate compensation, or was she a victim of a manipulative system? She expressed satisfaction with the results of her settlement, yet some may speculate that she will need more than her relatively modest award to pay for her future health care and to provide for her children if she is truly disabled. The settlement amount of \$400,000 was based not upon lost wages or future health care costs, but was derived from her fear that she might not be able to send her children to college. That fear was the emotional motivator for her malpractice suit.

Medicine is fraught with tension between hearty idealism and the economic reality that physicians need

to understand the business of healthcare and the danger of legal pursuit. A review of the state of disclosure and apology laws, as well as the touted success of several open disclosure policies, reveals the possibility that a better system of error reporting and patient compensation is on the horizon, though caution is warranted on the part of the physicians as well as patients. There is already a system in place for patients who believe they have been harmed, and a court of law may be the best place to obtain a decision by a neutral third party free of financial incentives. If full transparency and apology after medical error is the future of medicine, it must be approached carefully in order to protect patients and physicians, and financial motivations need to be addressed for the sake of justice. ■

Endnotes

1–23. Due to a lack of space, Dr. Lewis’ complete article and source citations, including the source of the facts of JW’s case, are located online at [www.thecentralline.llusmaa.org/sorry-not-guilty](http://www.thecentralline.llusmaa.org/sorry-not-guilty).



Dr. Lewis was a senior at LLUSM in “Law and Medicine Seminar” when she wrote this paper. She is now a family medicine resident at St. John’s Hospital in St. Paul, Minnesota.

Invitation to the class of 1992

Reception and Buffet Dinner (with the 50th Anniversary Class of 1967).  
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RSVP: Julio Narvaez | [narvaezjd@gmail.com](mailto:narvaezjd@gmail.com) | text or call: (909) 831-5728 for more info

Momentos and hard copy photos from our class will be displayed during the dinner. Private class meetings to follow dinner during which we will be socializing, and discussing disposal of our class funds announced during the APC Gala on Sunday, March 5, 2017. Let’s make sure we all contribute to the class fund this year, so that we can, together, fund a gift to the School of Medicine!

Send checks payable to: Alumni Association LLUSM | Memo: c/o 1992

Warmest regards to all. I hope to see all of you there.  
Sincerely, Julio Narvaez, MD  
LLU School of Medicine Class of 1992 Representative



# Equipped for Global Service

By Chris Clouzet, *staff writer*

One of AIMS' goals is to support Loma Linda University (LLU) medical students and residents who wish to pursue extra training in global health. One such opportunity is the "Tropical Medicine and Global Health" elective available to fourth-year students. The course serves as invaluable

preparation for overseas medical missions and as a stout foundation for further education in this field.

The six-week online training that is completed during the senior year is a prerequisite for entering Loma Linda's Global Service Pathway, but is also available to any senior interested in expanded tropical medicine and disaster relief training.

## 2016 Graduates Inspired

Last year, eight seniors completed the seven modules that make up the elective. In May, the soon-to-be graduates gathered at the home of **Ingrid K. Blomquist '81**, the course director, to share and discuss with each other the highlights of their experiences during the course. It was quickly evident the topics covered had struck a chord. Throughout the evening, the students held impassioned discussions about everything from religion and babies to the sexual exploitation of refugees by aid workers to the "brain drain" in the many countries medical professionals leave after their education. They talked about the discrepancies in Sudan between what aid groups say are "the numbers" and what the government says they are. They voiced their concerns, hopes, fears, and goals. It

was clear the tropical medicine course had left unique impressions on each student.

For **Ryan Knopper '16** the elective was a chance to not only learn about diseases outside the U.S., but to understand more fully other health care systems—the "economics and politics" Dr. Knopper wrote about in an email—that are in place around the world.

**It was quickly evident the topics covered had struck a chord. Throughout the evening, the students held impassioned discussions ... [and] voiced their concerns, hopes, fears, and goals.**

"Without sustainable infrastructure in which to operate, the impact of a medical mission may be less than intended, or, at worst, cause harm. This course taught me about models that are working overseas, such as a system where an organization, using federal grant money, supplements a government's own efforts to improve their health care infrastructure. In doing so, they motivate these governments to help themselves, and fill in the financial gaps, so to speak. Learning about these models broadened my thinking about how to approach international health."

Dr. Knopper would like to one day help establish training programs overseas. He said the course provided specific resources helpful in the provision of care in what he called "austere" environments, as well as information about models of health care systems already in place.

**Alicia Teferi '16** found that the usefulness of the various online medical resources and apps that were provided through the course were what stuck out most. Dr. Teferi spent time in Ethiopia during her fourth year of medical school and has a strong desire to help heal people in the poorest areas of the majority world. As a

*Last May, seniors (now graduated) in the "Tropical Medicine and Global Health" elective watch a video clip pertaining to the course at the home of the course director, Ingrid K. Blomquist '81, during their year-end debrief.*

Deferred Mission Appointee, she is already making plans to return to Ethiopia after her general surgery residency and (potentially) a fellowship.

"Any course that gives me better skills to approach patient care in this setting is extremely valuable to me," Dr. Teferi wrote in an email. "Patients in other countries deserve top notch care, even in a limited resource setting. That's why I intend to equip myself with appropriate and pertinent knowledge of tropical medicine."

## AIMS Supporting Current Students

In spite of its high value to medical students like Drs. Knopper and Teferi, the tropical medicine elective is an extra expense of \$2,800 not included in the medical school tuition. Thus, it is difficult to afford for many financially strapped students.

This financial obstacle is one which AIMS wishes to alleviate. Already, AIMS members have begun supporting these students. Without the organization's help, the opportunity to take the elective would have been lost to some.

One student wrote: "At a time when I was paying for ERAS application fees and interview costs, there is absolutely no way I could have financed this course for myself. Without the help of the donations to AIMS, I simply would have had to forgo this part of my elective education, ... which worked to develop my thinking about international work and likely will serve as a nidus for international projects and efforts during my career."

The word is out, and the applications for this elective are growing. This year, 14 students have signed up and they're reaching out to AIMS for help in covering the expenses. Although reasons for taking the course may overlap for these students, each has his or her own hopes for the class. Following is a sampling of the current seniors and their motivations for learning more about global health. The information is taken from email correspondence and from the students' letters to the AIMS Committee.

For **Emily Kim ('17)**, it's a microbial matter. Emily intends to pursue a career in infectious diseases and realizes the potential benefits of gaining a better understanding of both international and domestic microbial issues with the ever-increasing connection the U.S. has to the rest of the world through immigration and ease of travel.

After a year serving people in the jungles of Peru and earning a master's degree with a focus on parasitology, **Alex Trecartin ('17)** came to medical school with "a fascination with tropical medicine" and is eager to learn more.

**Kimberly Azelton ('17)** writes that being a career missionary has "always been a burning desire" for her.

# The President's Corner

By **Ingrid K. Blomquist '81**

President of AIMS

"I sure wish I had known that". We have all said this at some time. So has **Jason L. Lohr '01**. An experienced mission doctor, he and his wife, **Belen Lohr '01**, worked for five years in Nigeria and two years in Honduras. There they were required to treat diseases they never saw during training.



Dr. Jason Lohr is now studying the modules described in "Equipped for Global Service," and plans to sit for the diplomate exam by the American Society of Tropical Medicine and Hygiene.

He writes: "Now that I'm studying these modules and learning things I never really learned while practicing in Africa and Central America, I realize how much better a clinician I would have been had I taken this course before serving internationally. If we are really serious about preparing our doctors to be successful in their mission service, this is something that all of them should learn."

In this issue, AIMS features the reactions of those who completed the course last year and the hopes of some who will complete the course this academic year.

The Drs. Lohr now serve as members of the AIMS Board of Directors. They join the board in thanking AIMS members and all alumni who donated last year to make this possible for eight students. The board is committed to continued support of these students. But as the demand for this course grows, so will the need for funding. You will be hearing from us every year to help us put smiles on the faces of our students.

This year, 14 students are in need of \$17,400. Thank you for what you will do. ■

AIMS Website: [www.aims.llusmaa.org](http://www.aims.llusmaa.org)

The AIMS Report is developed by the Association of International Medical Services. A part of the Alumni Association, it is an organization dedicated to the promotion of international health.



Having spent time working with the Jeevan Shailee Wellness Clinic in India, she plans on taking the tropical medicine course so she can return for a fourth-year missions elective better equipped to serve.

**Nicholas Paul ('17)** and **Laura Elena Istrate ('17)** met and married during medical school, and both plan to complete the tropical medicine course. For Nicholas,

developing country and wants to be better equipped in tropical medicine. He's also got his eyes on a bigger picture.

"I'm looking forward to learning about how to affect a population at large, versus individual patients, and to learn how to assess environmental difficulties that may cause health challenges, such as mosquitoes, access to clean water, etc."

**Jonathan Harper ('17)** seems to see the benefits of the tropical medicine elective in two ways. First, as someone who has been to both Nigeria and Nepal, he has seen a need for physicians who can work well in a variety of conditions—especially during short-term mission trips—and the course would help to further round out his knowledge base for just such a purpose. Second, during his trip to Nigeria he came face to face with patients suffering from malaria, but he had no experience managing the disease. The tropical medicine elective draws him because now that he's studied material like microbiology and pathophysiology in medical school, he's eager to study the detailed management of malaria.

In many ways, the goals and hopes of these students entering their final year of medical school are not anything new for longtime readers of the *Alumni JOURNAL*. If you are an alumnus reading this, you probably had a similar

**"I'm looking forward to learning about how to affect a population at large, versus individual patients."**

vision for your future when you were coming to the close of medical school. For over a century, young men and women—yourself, and these senior medical students, included—have come to Loma Linda with the intent to spend their time, energy, and dollars learning as much as they can about medicine so that, among other things, they can bring hope in healing to those who may not otherwise receive it.

"Tropical Medicine and Global Health" is just one available course among many during these four years of medical training at Loma Linda, but for these students it's a vital part of their plans for good: combatting malaria, understanding microbial issues, serving the sick in the poorest areas of the world, and working for sustainable solutions. AIMS encourages you to visit the organization's website to make a donation and to learn more about this project to subsidize the costs for students wishing to equip themselves for global service. ■



Chris Clouzet is assistant editor of the *Alumni JOURNAL* and staff writer for the Alumni Association. He lives in Forest Falls and enjoys trail running and reading.

## Support the Students

There are 14 students who need \$17,400 for the 2016-2017 "Tropical Medicine and Global Health" course. Please send your support to these students and the growing numbers in years to come.

Visit [www.aims.llusmaa.org/tropicalmedicineelective](http://www.aims.llusmaa.org/tropicalmedicineelective).

medicine hit his radar as he witnessed a physician couple at his church lead out in medical missions. Their stories and descriptions of the spiritual blessings they'd received in serving others made an impact on him. He hopes to return to his small church in Sacramento and help lead its global mission projects. "I am most excited about expanding my knowledge in the area of delivering health care effectively in resource-limited areas," he writes. This interest in resource-limited areas goes back to a college mission trip to Mexico when he got to know a patient with metastatic skin cancer who didn't have long to live.

Laura's father was a general internist at Maluti Adventist Hospital in Lesotho when she was a young girl. Both her father and the time her family spent in Lesotho inspired her interest in medicine. As someone who hopes to join her father on medical mission trips to Lesotho again one day, as well as work on missions with her husband at their church, she wants to be as prepared as she can be for short-term projects.

"I have often heard from other missionary workers and physicians," Laura writes, "that short-term mission trips are important, but can be of limited long-term benefit to the people. I think part of this is that it takes time to adjust to a new environment, learn the culture, and learn what difficulties face each unique area and group of people and what can be done." She believes the tropical medicine course will give her pertinent background information and a greater understanding of the relevant issues, allowing her impact to be greater, sooner.

After medical school and a family medicine residency, **Christopher Holloway ('17)** plans to practice in a

## Of Checks and Recyclables

(Continued from page 12)

University, his local church, and other church-related charitable organizations.

What I had witnessed the prior evening did not compute. Within a short time of writing a substantial check, this good doctor was found rummaging through the trash for recyclables to turn into cash for an investment project. Why not write another check and be done with it? Certainly he had better things to do with his time! As one who is interested in behavioral science, I tried to make sense of the incident. I tried to bridge the gap of the extremes: the four-figure check and the handful of recyclables worth less than a dollar.

Suddenly, it came to me. There wasn't a gap to bridge. There weren't opposing extremes. There was, however, a common denominator: altruism.

Dr. Jetton wasn't thinking large gift versus small. He was thinking of *meeting needs*—the financial need of students and the need for an investment project. No doubt each was just as important to him as the other, and he addressed them from the same altruistic motivation. However, what varied were his approaches to meeting these needs because they stemmed from two distinct spheres of his life.

As I saw it, he donated to the Student Loan Fund from his capability to do so (his earnings) as an adult, a surgeon, but he collected recyclables to cash in for Sabbath School investment money because of what his parents instilled in him as a child. I can imagine them saying: "Jimmy, what are you going to do this year to earn some money for investment?" He was meeting needs, simply approaching them in different ways.

A few weeks after this incident, I saw Mrs. Jetton on campus. As we chatted, she remarked that Jim had mentioned the committee making good on the shortfall. "He wants you to give us a call if the amount collected for the Student Loan Fund fell short of the goal."

After the next meeting, Dr. Jetton was again found rummaging through the trash in search of recyclables for investment. But that was the last time he had to dig through the trash. The staff designated a recycle bin just for him and his investment project. Over the ensuing years, each time I walk into that kitchen, I see Dr. Jetton hunched over the trashcan and I thank him for a lesson well learned. ■



Dennis E. Park is former executive director of the Alumni Association. He enjoys writing about the history of the Association and the Loma Linda community.

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# Tackling the Problem of Evil

By Richard Rice, PhD

Not many books are philosophically profound, thoroughly researched, rigorously argued, elegantly written, and personally moving. But **Sigve Tonstad's '79-A** recent offering, "God of Sense and Traditions of Non-Sense," displays all these qualities. It deals with what has always been a

central—if not *the* central—issue in philosophy of religion, namely, the problem of evil. It painstakingly develops a perspective that, while it is not widely shared among contemporary philosophers, rests on sophisticated biblical interpretations and illuminating appeals to a wide range of literature, from the apologetics of Origen, an early Christian thinker, to the novels of Fyodor Dostoyevsky and Mark Twain. In the urgency of its tone and the sweeping landscape it traverses, not to mention

"theodicies," or philosophical explanations. Such evils, Tonstad argues, require nothing less than a demonic perspective. Only the concept of the devil, aka Satan and Lucifer, God's powerful antagonist and leader of a host of fallen angels, provides an adequate explanation for the scope and intensity of human suffering.

If primordial angelic rebellion provides the essential backstory of Tonstad's theodicy, the central plot consists of the long process by which God incrementally reveals God's true character, exposes the falsity of Satan's charges, and inspires our loyalty. Because God places great value on human freedom God never resorts to coercion. "Absence of divine intervention," says Tonstad, "and intervention by unexpected means are the pieces by which the Bible brings to view what I call a *God of Sense*" (xx). Still, surprising as they may be at first, God's ways do make sense. There is common ground, indeed, an "overlap" between the values of God and humanity (257). And these values provide a basis for an intelligent appreciation of God's character and render fully rational a decision to respond to God with loyalty and love. The priority of revelation to obedience is a persistent theme of Tonstad's proposal (cf. 162).

the explanation it offers, Tonstad's discussion bears comparison to some of the most admirable treatments of the topic in recent years, such as Eleanore Stump's magisterial tome "Wandering in Darkness: Narrative and the Problem of Suffering."

How are we to make sense of suffering—not just the day-to-day inconveniences we encounter or even the inevitable losses we all experience, but horrific events, such as the Holocaust? To be specific, how can we ever reconcile the occurrence of such events with the idea of a divine reality whose central characteristic is love? These are the questions this book addresses.

The prologue sets a somber tone, describing the deportation of hundreds of Jews from Oslo, Norway, in 1942, to their subsequent extermination in Auschwitz. It is clear from the very beginning that Tonstad, like Marilyn McCord Adams, wants to tackle the problem of evil in its most perplexing form, namely, the occurrence of "horrendous evils," evils that defy all conventional

On the way to this conclusion, Tonstad carefully considers a variety of biblical narratives, and his treatment of history's most famous sufferer is particularly illustrative. Contrary to many interpretations, he maintains that God does provide Job with an explanation for his suffering—one consistent with the frame story, in which God and Satan confront each other. So, when God speaks from the whirlwind, it is not to cow Job into submission, but to reveal the source of his suffering. Satan is at work in the world and he, not God, is the one afflicting Job. In subsequent chapters, Tonstad argues that God's archenemy plays a central role in the Gospels' accounts of Jesus' life and provides an indispensable backdrop to the theology of the Apostle Paul.

Tonstad saves the most dramatic phase of his discussion for the concluding section of the book, where he examines the last book in the Bible. As he describes it, Revelation brings to a dramatic, indeed breathtaking, culmination the various portrayals of God

in previous portions of the canon. And here, the theme of "divine transparency" emerges with striking clarity. In Revelation's account of God's climactic encounter with cosmic rebellion, we are presented with "a spectacular feat of divine persuasion" (365), a feat that reaches its climax, not in the ultimate restoration of the universe to its primeval beauty, but in the spectacle of the slaughtered Lamb that evokes heaven's silence.

Tonstad's insistence on the rational basis of God's relation to creation emerges in assertions like this: "On the one hand..., we have a God who is committed to transparency. On the other hand, we see creatures endowed with the ability to understand" (368). And to enable them to understand, God allows Satan to reveal himself and thereby expose who/what it is that lies behind the "horrendous realities" that pervade human history. Ultimately, the devil's activity ends in self-destruction. And God's non-use of force emerges in striking contrast to the violence perpetrated by God's supreme enemy. God earns the admiration, the worship, of the heavenly council with a vivid display of the divine character. "The last book of the Bible reveals a God of sense and a God whose ways are seen to make sense" (403).

**If primordial angelic rebellion provides the essential backstory of Tonstad's theodicy, the central plot consists of the long process by which God incrementally reveals God's true character, exposes the falsity of Satan's charges, and inspires our loyalty.**

Those who remember Dr. Graham Maxwell will find a good deal in the book that reminds them of him. "For the rough contours of the book," Tonstad states in his Acknowledgements, "I owe the most to the late A. Graham Maxwell." The great controversy was the center of Maxwell's theology, and some will hear echoes of Maxwell as they read this book. "God is not the kind of person his enemies say he is," I remember Maxwell often saying. He was also fond of quoting this statement from "Steps to Christ": "God never asks us to believe, without giving sufficient evidence upon which to base our faith." God's true character is the central issue in the cosmic conflict that occupies Tonstad, and the conflict is finally resolved when we accept the evidence that love stands behind all that God says and does.

Memorable theological proposals not only inform, they stimulate thought, and I found myself asking a number of questions as I read. I wonder, for example, if Tonstad has overemphasized the rational dimension of faith. To be sure, finding evidence to support our

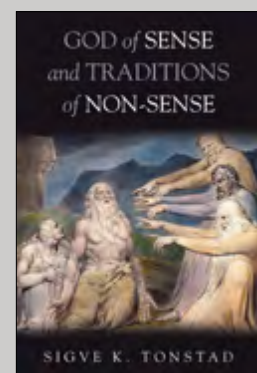
beliefs is an important aspect of religious commitment. But I am equally impressed with the fact that religious commitment goes beyond the available evidence. From my own examination of their relation, I concluded that faith is "a reasonable but not a reasoned decision." While attentive to rational considerations, faith, to a certain extent, involves a trust that surpasses what reason can provide. I think this is Ellen White's position, too. While assuring us that God's existence, character, and truthfulness are established by abundant evidence that appeals to our reason, she states, "Yet God has never removed the possibility of doubt. Our faith must rest upon evidence, not demonstration."

The concept of a cosmic conflict between God and Satan also raises interesting questions. One is how a superior intelligence, indeed the highest of created beings, could possibly think of himself as a plausible rival to God. After all, as creator, God not only brought the universe into being, God's power sustains all that exists, moment by moment. Lucifer must have realized that God could, in an instant, completely annihilate him. So, what did he hope to gain by contesting God's supremacy? We also have to ask how other intelligent beings could be susceptible to Lucifer's wiles. What was deficient about their powers of perception? Did they not realize that there was no possibility of deposing God? That God's infinite wisdom and resourcefulness would ultimately destroy their rebellion?

Do concerns like this detract from Tonstad's accomplishment? I doubt it. Viewed alongside the sweeping scope of his project, I suspect that such questions may be nothing more than quibbles. After all, a grand narrative does not stoop to answer questions, it transcends them. In the final analysis, what "God of Sense" provides is not a sustained argument, not an exercise in discursive reasoning—however admirable the author's forensic skills may be—but a powerful narrative—a multifaceted story of the greatest Love in the universe relentlessly pursuing the objects of its affection until they—we—can no longer wonder, or can only wonder, that we are cared for in ways that can only be imagined, but never adequately conceived. It is no wonder our friend and colleague found the climax of the cosmic story he so eloquently portrays in the stunned silence of the heavenly court. ■



Dr. Rice holds both a master's degree and PhD from the University of Chicago Divinity School. He earned his MDiv degree from Andrews University and began his career pastoring in Southern California. He has taught religion at La Sierra University and Loma Linda University at different times since 1974.



## God of Sense and Traditions of Non-Sense

By Sigve K. Tonstad, MD, PhD

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682 pages



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### Mission Trip Man

(Continued from page 16)

none of the modern medicines that at least extend life for these patients were available in Russia. We called **Richard L. Sheldon '68**, a pulmonologist in Loma Linda who had agreed to be part of the trip, and he brought with him a lot of these medicines she needed.

When we arrived in St. Petersburg, our first stop was at the Ministry of Health to meet the vice mayor. When we introduced ourselves the man began to cry. We were 48 hours late. His daughter had just died. Oh, how we wished that Christ had been there.

We had a good cry with him and prayed with him. I'll never forget what he told me as we turned to leave. He said, "You know, you people are what Russia needs. We're without hope and you Adventists bring us hope that Jesus has forgiven us and there will be a hereafter." Here he was, a card-carrying Communist who made no bones about the fact that he believed in God and the hope we brought him. Even in the throes of grief for his daughter, he spoke encouraging words that affirmed our mission.

### What are some common diseases or injuries you have seen overseas?

As an obstetrician-gynecologist, I would say that overseas every married woman is either pregnant or trying to get pregnant. We see the whole spectrum of pregnancy-related illnesses. If they're not pregnant and can't get pregnant, then we're treating them for infertility. That was one of the earlier surprises to me in going on short-term missions. You would think people were more interested in contraception; they're not. They want to know why they haven't gotten pregnant this year. That's a big thing when we go abroad and they find out I'm an obstetrician-gynecologist. The word gets around that I can help them get pregnant and they line up!

In central Africa, for instance, they don't have running water in their homes. They carry water. So water is precious. They don't take very many baths. And from a woman's standpoint, these women almost perpetually have a vaginal infection. In this country it'd be an inconvenience; but you'd go to the doctor and get a prescription and you'd be okay. Much of the time, women in Africa have to put up with untreated infections.

And work is hard for them. There's a lot of arthritis, even at a relatively young age, because they're doing backbreaking work. They often don't wear shoes because they don't have shoes. So you see all sorts of minor injuries to feet and extremities, simply because they don't have protection. They don't have the shoes or the gloves that you and I use to keep our hands and toes from getting

injured. Then, of course, in tropical South America and Africa both, there are tropical illnesses we rarely see in this country.

### What's the greatest physical need you encounter?

Again, as an obstetrician-gynecologist, the problem I perceive as the biggest blight on this earth is postpartum hemorrhage and the deaths that result from it. So many women are poor, without prenatal care, and malnourished; they've had malaria so they're anemic, and the straw that breaks the camel's back is a difficult delivery. If a woman has a postpartum hemorrhage she often has no reserve, there is no blood bank, and she dies.

**I'll never forget what he told me as we turned to leave. He said, "You know, you people are what Russia needs. We're without hope and you Adventists bring us hope that Jesus has forgiven us and there will be a hereafter."**

We think that up to half a million women a year in this world are dying because of postpartum hemorrhage. There are not as many such deaths in this country, but even here postpartum hemorrhage is the number one preventable death related to pregnancy. The maternal death rate in the United States currently is about 16 per 100,000 women who deliver. When I was in Zambia they were proud of the fact that the rate had dropped to under 1,000 per 100,000. That's one percent. In a lot of the world one or two percent of women who deliver die from postpartum hemorrhage.

### What is it about mission work that continues to be rewarding for you?

I'm thrilled when I see the work of God going forward. From a human perspective it's hard to see how this work will ever be finished; we just can't picture it. But Ellen White tells us it's what we do individually that counts; God will make up the difference. He knows who's safe to save. Our job is to be one of the workers. As the Bible says in Matthew 9:37: "The harvest is plentiful but the workers are few" (NIV).

I'm excited about being part of that. This is God's church and I see the hand of God watching over it. Our church is made up of humans and it's not always correct. I don't get hung up on that; it's still God's church. God has blessed and is blessing His church. ■

*Ed. note: Read an expanded version of this interview—including several additional questions and photos—online at [www.thecentralline.llusmaa.org/petersen-interview](http://www.thecentralline.llusmaa.org/petersen-interview).*

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## Alumni News

### 1950s

**Donald E. Casebolt '53-B** updated us on his career, saying he is a proud alumnus and grateful for the privilege of attending this School. He retired in 2007 from the active practice of medicine after nearly 54 years of practice, the last 22 on the Navajo Indian Reservation.

Over the years, an interest in preventive medicine due to the writings of Ellen G. White, and which began before medical school, has continued to grow. During retirement, Dr. Casebolt has written 87 health articles for his local newspaper, and he and his wife have developed a brochure for distribution on the benefits of the vegetarian diet. He may be reached by email at [decasebolt0578@gmail.com](mailto:decasebolt0578@gmail.com).

A product of **George T. Harding IV's '53-B** grandfather's pioneering work in psychiatry celebrated its 100th anniversary in 2016. Harding Hospital, named thus in 1940, was initially envisioned and opened in 1916 by George T. Harding II, MD, as the Indianola Rest Home. In 1999, it merged its mental health services with those of Ohio State University.

### 1970s

In July, **Richard H. Hart '70**, president of LLUH and Adventist Health International, attended the inauguration of his namesake hospital recently completed in Kumasi, Ghana. Hart Adventist Hospital was named after Dr. Hart "for his instrumentality leading to the establishment" of the new institution. It is the second Adventist hospital in the Kumasi region.



**Linda J. Mason '74** received the 2016 California Society of Anesthesiologists Distinguished Service Award, joining only 28 others who have received the society's highest top award since 1976. Dr. Mason is professor of anesthesiology and pediatrics at LLUSM and director of pediatric anesthesiology at LLUMC.

### 1980s

Principal investigator and chair and professor of radiation medicine, **Jerry D. Slater '82**, was awarded a research grant of \$240,000 by the Del Webb Foundation to further develop the proton functional radiosurgery program. His team's research pertains to magnetic beam focusing and automated patient alignment and verification.

**Kristen D. Gray '85** (Kris) became the new chief medical officer at Florida Hospital Memorial Medical Center this past summer. He is a family medicine physician and has worked with the Adventist Health System for 23 years.

**Tamara L. Thomas '87** has accepted the role of interim chair of the department of emergency medicine at LLUSM as of September 2016. Dr. Thomas is vice dean of academic affairs for the School.

### 1990s

**Ralph A. Alvarado '94**, elected state senator for Kentucky in 2014, was asked to speak at the Republican National Convention in July. He said he was honored to represent Kentucky on the national stage. Dr. Alvarado is trained in internal medicine and pediatrics and works with KentuckyOne Medical Group.



**Soo Youn Kim '95**, assistant professor of pediatrics at LLUSM, was presented the Teacher of the Year Award by the Walter E. Macpherson Society in May.

### 2000s

**Jason L. Lohr '01**, chief medical officer at the Social Action Community Health System (SACHS) and **Richard G. Rajaratnam '85-res**, chief operations advisor at SACHS, played important roles in a year-long process that culminated in the SACHS-Norton clinic being awarded Level Three Patient-Centered Medical Home (PCMH) by the National Committee for Quality Assurance (NCQA) in August. Only some 10 percent of clinics nationally are able to attain this top PCMH recognition by the NCQA.

**Kamal R. Woods '05**, director of the Comprehensive Spine Center at LLU Medical Center-Murrieta, was recently recognized as a Pinnacle Professional in health care by Continental Who's Who. Dr. Woods completed his neurosurgery residency at LLUSM and an enfolded complex spine fellowship at Cedars-Sinai Medical Center. ■

## Alumni Remembered

### 1940s

**Sherman A. Nagel '40** was born in Burbank, California, on May 26, 1915, and died in British Columbia, Canada, on July 31, 2016.



Dr. Nagel was raised in China by missionary parents. He graduated from Pacific Union College. Following medical school, he served with the U.S. Army in WWII. After further surgical training at the White Memorial Hospital, he and his wife, Edith, spent 23 years serving in Nigeria. There he helped to greatly increase the number of deliveries, outpatient visits, and campus buildings of Ile-Ife Hospital. During the nation's famine-inducing Biafran War, he kept the Northern Ngwa County Hospital fully operational. By the time he returned to the U.S., he had built a church and helped found three hospitals, several clinics, and a nursing program.

For 26 years, Dr. Nagel taught anatomy and physiology and neuroanatomy at PUC. By the time he retired at the age of 82, he had taught more than 7,000 students. He and his wife continued to help their daughter run the Coronary Health Improvement Project, conducting dozens of health seminars all around the world. Throughout his lifetime, Dr. Nagel received various awards including the Alumni Association's Honored Alumnus award in 1964, the Alumnus of the Year award from PUC in 1989, and the Medal of Distinction from the General Conference of Seventh-day Adventists for 70 years of service to the church.

Dr. Nagel loved serving his Lord and spending time with his family. He is survived by his children Lewis, Charles, Betty, and James; his five grandchildren; and his six great-grandchildren.

**James W. Swingle '42** was born on a stormy December day in 1915 in Lake Ariel, Pennsylvania. He died peacefully on July 26, 2016, in Calistoga, California.

For his first nine years of education, Dr. Swingle walked a mile on a dirt road to a one-room school house. He completed his premedical studies at Washington Missionary College (now Washington Adventist University) in Tacoma Park, Maryland. While studying medicine at LLU, he met and married the love of his life, Milda Meckler SN'41. During WWII he served in Europe as an anesthesiologist for neurosurgery in a MASH unit and had many memories he enjoyed sharing.

Dr. Swingle and Milda settled in Coalinga, California, where they lived for several years before moving to the Sacramento area where he was a family physician. He retired from his medical practice in 1991. In his later years he and Milda moved to the Napa Valley in California. Dr. Swingle was a prolific oil painter, an avid vegetable gardener and orchardist, and he loved to play the organ.

He was preceded in death by Milda, who passed away in 2009. He is survived by his two daughters Patricia SN'73/SPH'80 and Joan; two granddaughters; and one great-granddaughter.

### Earla Gardner Aagaard '46

was born on December 5, 1922, in Bandung, Java, Dutch East Indies. She died at home in Morehead, Kentucky, on June 20, 2016, after a stroke.

Born to missionary parents, **J. Earl '19** and **Ethel Gardner '45**, began their education in Malaysia and spent a year at what became the Adventist University of France-Collonges. After earning a modern languages degree at Pacific Union College and briefly attending the Berkeley Conservatory of Music, she began medical school in Loma Linda. There she married her classmate **Carl M. Aagaard '46**.

After her internship and her husband's military service in the U.S. Army medical corps during WWII, Dr.



Aagaard practiced general medicine for several years in Burlingame and Ukiah, California. In 1955, she completed a psychiatry residency at the Langley Porter Institute in San Francisco. Returning to Ukiah, she maintained a psychiatry practice there for 41 years.

Dr. Aagaard volunteered at the mental health clinic, served on the PUC Board of Trustees, and taught Bible class at the Ukiah Seventh-day Adventist Church. In 1996, she moved to Morehead, remaining active in her church and community. Her husband passed away in 2008; they were married 65 years. She loved to spend time with her children and grandchildren and nothing of an earthly nature was more important to her than family.

Dr. Aagaard is survived by her children Carla June Martir, Earl M. J. Aagaard, Victor F. M. Aagaard, and Lola Jean Boram; her grandchildren, Thorvald M. J. Aagaard, Laura Joy Elizabeth Camacho, Helen Faye Boram, and Jonathan Spencer Boram; and her great-grandchildren Sophia, Alana, and Ethan.

### 1950s

**Frank Chung '54** of Loma Linda died peacefully on May 26, 2016. He was born in Sydney, Australia, the youngest of 14 children. At 7, he



moved to Hong Kong, where he became a Seventh-day Adventist. When World War II began, he fled to mainland China. He attended Pacific Union College and Walla Walla College before completing medical school. He took further OB-GYN training at Yale University, where he worked with the father of the fetal heart monitor, **Edward H. Hon '50**, and met his future wife Helen Chen.

Dr. Chung practiced OB-GYN for 25 years in Oxnard, California. He was an active layman in the church and chairman of two church building committees—Camarillo and San Marcos. For 18 years,

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he was involved in the Chinese Adventist Physicians' Association. He was beloved by his patients, friends, and family and will be remembered as a wise man with great integrity, a generous contributor, and a fun-loving father and grandfather.

Dr. Chung is survived by his devoted wife of 59 years, Helen; daughters **Deborah M. Carritte '86** (Jim), Sheri Herling (Wayne), **Kelly D. Chung '89** (**Kerry B. Hagen '84**); grandchildren Jared Herling (Candy), Jordan Herling (Alisa), Justin Herling, Jacob Carritte, Madeline Carritte; and great-grandchildren Jada Herling and Jett Herling.

#### Stuart Lemuel Nelson '56

was born in Detroit on November 25, 1928, and died at his home in Keene, Texas, on August 18, 2016.

Dr. Nelson was born to Harry and Mabel Wilcox Nelson. He graduated in 1951 from Union College in Lincoln, Nebraska, before completing medical school. He practiced family medicine and was an emergency room doctor in Takoma Park, Maryland. In January 1977, he moved to Keene and was the first emergency room director at Huguley Memorial Hospital in Fort Worth. On September 9, 1979, he married Lillie Katherine Smith Garner. He continued as a family practice physician in Silver Spring, Maryland, and Keene and Alvarado, Texas, for nearly 40 years.

Dr. Nelson is survived by his beloved wife Lillie Katherine; his sister Barbara H. Barker; his children Angie Garner Montoya, Jeffrey Nelson, Alisa Garner Hill, Greg Nelson, Todd Nelson, Marlon Nelson, Bob Nelson, Chris Garner, Lianne Nelson McConnell; 19 grandchildren; and 12 great-grandchildren.

#### 1960s

##### Charles H. Brinegar '63

was born on November 4, 1936, in La Jolla, California, and died in Cherry Valley, California, on June 15, 2016.



Nicknamed after Bing Crosby, "Bing" was 10 when he discovered his lifelong passion for golf and began camping with his family at Yosemite National Park, which he did annually for 67 years. He graduated from San Diego Seventh-day Adventist Academy and Pacific Union College before earning his medical degree. He interned at Washington Sanitarium and Hospital and served in the U.S. Army until 1966. He returned to Loma Linda for an internal medicine residency and then took a diabetes fellowship at Joslin Diabetes Center in Boston.

Except for three enjoyable years at the Guam SDA Clinic in the late '90s, Dr. Brinegar spent his entire career working at and directing the Diabetes Treatment Center and practicing at the faculty medical offices in Loma Linda. He taught and held a variety of positions at the School of Medicine until his retirement in 2014. He was named an Alumni Association Honored Alumnus in 2013.

Dr. Brinegar was known as a gentleman, respected and admired by students, colleagues, and patients alike. His personal relationship with his God and church was a motivating factor for him, and he served as deacon, elder, and youth director.

He is survived by his wife Meredith; his brother Mack; his daughter Lisa Meter; his sons Jeffrey and Kevin; their spouses; and four grandchildren. He was also loved by his three stepchildren Colleen Landis, Orrin Banta, Athiah Chaudry, and their spouses; seven grandchildren; three great-grandchildren; and his loving dog Abbey.

##### Malcolm E. Heppenstall '66

was born on June 10, 1940, in Charlotte, Michigan, and died on July 31, 2016, in Redlands, California.

After medical school in Loma Linda, Dr. Heppenstall took an orthopedic surgery residency in Memphis, Tennessee. He was a major in the U.S. Air Force and on staff at Loma Linda University Medical Center. He went into private practice and then joined Beaver Medical Group, retiring in 2010.



Dr. Heppenstall cared about his patients very much. He was a physician for the Redlands High School football team for many years. He supported Family Service, The Blessing Center, and Youth Hope. He enjoyed taking his family on ski vacations and planning the next biking trip with his mountain biking friends.

Dr. Heppenstall loved his family and will be greatly missed. He is survived by his wife June, the love of his life; his eight sons Edward, Jason (Mary), Taylor, Griffin, Curran, Stafford, Davis, and Bailey. His son, Dylan, passed away January 1, 2016. He is also survived by his three daughters Anne (John), Gillian, and Jordan (Bobby), and nine grandchildren.

##### J. Gerald McManus '67

died on July 4, 2016, in McCall, Idaho. He grew up on a farm in Wyoming and as a child came down with rheumatic fever and was told not to run, which he characteristically did anyway. He graduated from Campion Academy and Union College, where, as editor for the school paper, he interviewed Eleanor Roosevelt. During medical school, he met and married his first wife **JoElla M. Anderson '64**.

After further training in orthopedic surgery at the University of Texas Medical Branch, Dr. McManus began his career at Rancho Los Amigos Medical Center and Long Beach Naval Station. He started the stroke rehabilitation service at LLU Medical Center and began a thriving orthopedic practice in 1978 with an emphasis on sports medicine. He was also part of the MUMPS Development Committee (which developed a medical programming language used to access medical records).

In 1983, Dr. McManus married his second wife Julieta Saldana. Five years later he visited McCall, Idaho, fell in love with the place, and relocated his practice there the following year. He relished extending the range of orthopedic surgery care to the people of the McCall area as a flying doctor. Retiring in 2003, he built a house on the Salmon River. He continued



to enjoy time with his family and friends and in his beloved Idaho wilderness until his death. He is survived by his wife Julie; his sister Cathy (Gage); his sons Mark and Tony; and his grandchildren Andrew, Ace, Ava, Lily, Namiko, and Ella.

**Harold V. Racine '68** was born on February 3, 1937, in Pontiac, Michigan, and died on August 18, 2016, in Loma Linda.

Dr. Racine was born to William Clyde and Marguerite Racine, a milkman and a school teacher, who had come into the Seventh-day Adventist church just prior to his birth. Sacrifice and an emphasis on education in the home resulted in his graduation from Adelpian Academy and then Andrews University in 1964. Following medical school he completed an internship in Hinsdale, Illinois.

Moving to Ithaca, Michigan, Dr. Racine functioned as the quintessential country family doctor until 1978 when he returned to Loma Linda to take an OB-GYN residency. He went into private practice in Redlands, California, until his retirement in 2009. He was a man of varied talents: a beautiful singing voice (he loved male chorus and the King's Heralds), car and tractor restoration, woodworking, and carpentry.

Dr. Racine was preceded in death by his parents and his siblings, William Charles and Joyce Aileen Aldea. He is survived by his sister Helen Jacobs, his brother Edwin "Bud," his daughter Judy, his son Jeffrey, three grandchildren, and three great-grandsons.

#### 1970s

##### Dennis L. Watkins '78-A

was born on September 23, 1953, in Glendale, California, and died on March 30, 2016, in Kailua, Hawaii.



Dr. Watkins graduated from Glendale Adventist Academy and La Sierra College in 1975 before attending medical school. After a five-year ENT residency, he joined Riverside Medical Clinic, serving as director in the department of head and neck and furcal plastic surgery.

In 1989, Dr. Watkins established his practice in Hawaii, enjoying 30-plus years perfecting the art of restoring and rebuilding the beauty of the human body. He had great interest in hair restoration, with over 22 years of experience in hair transplant procedures. His experience included work at Advanced Hair Restoration and Bosley Hair Restoration. He also performed over 2,000 liposuction procedures, working also at Sono Bello Liposuction Center.

Dr. Watkins treasured his time at Loma Linda University and felt honored to be an alumnus. He served on two mission trips to Micronesia, the last only a few months before his death. He was assistant pathfinder leader and Sabbath School leader at his church in Kailua. He had a great sense of humor with a positive outlook on life, and his view of life was simple: love and accept Jesus into your heart and salvation is yours.

Dr. Watkins is survived by his wife Elaine; his daughters Shannon Chudasama, Krystal Chiatello, Renee Martin, Michelle Watkins; his two grandchildren Nico Chiatello and Kaila Rossen; and his siblings Charles Watkins, Michelle Beach, and Nancy Robison.

#### Faculty

Raymond E. Ryckman, PhD, died on July 18, 2016. He was a pioneer of research and professor of basic sciences at Loma Linda University for more than 30 years. He chaired the department of microbiology from 1980 to 1987. Trained at the University of California, Berkeley, his dissertation focused on *Triatomine*



vectors of Chagas disease in Western North America. During the 1950s, he conducted U.S. Army, grant-funded, original research to determine plague vector controls. This research helped protect military troops from plague and resulted in the Army's flea control program in Vietnam.

Dr. Ryckman is best known throughout the Americas for his contributions in the field of Chagas disease from the vector *Triatoma*, bloodsuckers also known as "Kissing Bugs." According to the World Health Organization, he is the foremost respected and accomplished North American entomologist in the field of Chagas disease. Over his lifetime he authored or co-authored 120 publications. In 2008, he received the Loma Linda University Distinguished Service Award.

R. Bruce Wilcox, PhD, died on July 29, 2016. He was professor of biochemistry and is remembered for his significant contributions to the School of Medicine. After joining the faculty in 1965, he filled administrative posts in the department of biochemistry, including three years as executive secretary and 10 years as chair. Under his leadership, the number of faculty in the department doubled.

Both as teacher and administrator, Dr. Wilcox had a strong influence on the development of the School of Medicine's curriculum and the shaping of its basic sciences programs. He was a member of the Curriculum Committee and the University Academic Affairs Committee. In 1989, when Loma Linda University became a health sciences institution, Dr. Wilcox served as first chair of the Interschool Faculty Advisory Council, the faculty governance body of the University.

In 2000, Dr. Wilcox was the recipient of the Distinguished University Service Award for "his contributions—characterized always by excellence—in teaching, research, and administration." ■



Notify us of an alumnus who has passed at [www.illusmaa.org/inmemoriam](http://www.illusmaa.org/inmemoriam) or by using our contact information on page one.





## Afternoon Repast

Seen in the photo above serving his wife a drink, this physician was known in his time as one of the world's foremost neuropathologists. A graduate of the 1925 class of the College of Medical Evangelists (now Loma Linda University), he was admired as one of the School of Medicine's most distinguished faculty, serving as head of the department of neurology from 1933 to 1963.

Incredibly prolific, this neuropathologist published hundreds of medical articles and several books and monographs. He was the founder of the Cajal Laboratory of Neuropathology at the Los Angeles County General Hospital, as well as the "Bulletin of the Los Angeles Neurological Society," for which he served 20 years as co-managing editor. One of his principal research

interests was anoxia, and he was the first to call attention to it as a consequence of nitrous oxide anesthesia.

This recipient of numerous awards and accolades was furthermore an artist and student of history, archaeology, and music. Medical students who visited his home recall observing his collection of weapons, helmets, armor, and skulls demonstrating injury in combat. One student, **Samuel M. Chen '65**, snapped this photo in the spring of 1964 while enjoying an afternoon repast with other students at the invitation of this physician and his wife.

Do you know who this couple is? Do you know where the collection of combat paraphernalia can be viewed today? The answers are found at the bottom of the page. ■

Do you have a "historical snapshot" to share? Send us the photo and the background story. Email us at [llusmaa@llu.edu](mailto:llusmaa@llu.edu) or mail your photo or slide to our office address on page 1. (We'll mail it back!)

## Rolanda R. Everett '92

### Pediatrician, Springfield, Oregon



#### What are you famous for among friends and family?

Stubbornness and hard work. If you ask me to volunteer for something, I will probably say yes. I was on the local Seventh-day Adventist school board for several years, including serving as board chair, and am still on the school's finance committee. I serve as one of the church pianists. I currently am an elder and occasionally preach when the pastor is not available. I am on the local fire board's budget committee and on the local Head Start medical advisory committee. I also regularly find myself on committees and as a project leader at work. I just spent a week at Big Lake Youth Camp as the camp doctor. In this game of life I much prefer to be a participant rather than a spectator!

#### What is your best memory from medical school?

I loved the time with friends: Friday night soup potlucks with the Hannahs (**John D. '93** and Greta), Vercios (**Philip M. '98** and Shelby), Dietrichs (**Gregory D. '93** and Sharon), Nordmans (**Stephen Daniel '94** and Shelley Rathbun-Nordman SD'92), and all the others; mountain biking in the hills south of Loma Linda on Sabbath mornings, getting back in time for church, then going to the beach in the afternoon for volleyball. Going four-wheeling in the San Bernardino Mountains. Working as a volunteer medic with **Jeff T. Grange '94** at the Parker 400 and the Baja 1000. Between my freshman and sophomore years, a large contingent of my class of '92 went to India on a mission trip. Those were some awesome times, especially traveling with **Leonard Caputo '92**, **Lorne D. McKay '92**, **John E. Stabel '92**, and **Kiran Mahl-Sansone '92** in Europe that summer on the way to and from India.

#### What has been the most meaningful experience in your medical career?

During my junior year in medical school, I had an accident while "inner-tubing" in the snow. I ruptured my pancreas, collapsed a lung, and spent a total of five weeks in the hospital, with three separate hospitalizations and two major surgeries. I was four months behind in school after that. But



the time was not wasted. I regularly draw on my experiences as a patient to help guide my interactions with patients and families. I learned a lot about the importance of empathy, pain tolerance, the irrationality that comes from being sick, how much a patient actually remembers from what a doctor says, and how hard it is to work with insurance companies.

#### If you were to have worked in a field outside of medicine, what would it have been? Why?

I probably would have been a lawyer or journalist. My college major was in French. My other best subject was English. Working for a French publishing house was my dream job. I got to travel with my oldest daughter in Europe last summer, which reawakened my love of other cultures and other languages. Another favorite job is farming; my husband and I have a 26-acre farm. We raise beef cattle and also have chickens. But you can't make a living doing small scale farming. My other favorite job is being a mom to my four kids, who range in age from 11 to 21.

#### If you could learn to do something new or better, what would it be?

I'd like to be fluent in Spanish. French is a lovely language, but it gets me nowhere here in Oregon where there is a large Spanish-speaking population.

#### What is the best advice you've ever been given?

During my first clinical rotation at the VA hospital, my senior resident was a very enthusiastic DO. The other junior medical students and I were stressed about how much we didn't know. His advice: Be the best mediocre doctor ever! He knew that none of us would ever be perfect. We needed to learn our limitations, learn when to ask for help, and learn how to wisely manage resources, because none of us were going to be medical geniuses. When I get overwhelmed by a complex medical problem, I take a deep breath and remember that I don't have to solve this alone. A large part of the art of medicine is knowing your limitations and when to seek help. ■

Answers: The photo's subjects are **Cyril B. Courville '25** and his wife, Margaret. Dr. Courville's collection of combat artifacts can be found on the first floor of the Alumni Hall for Basic Sciences on the LLLU campus.



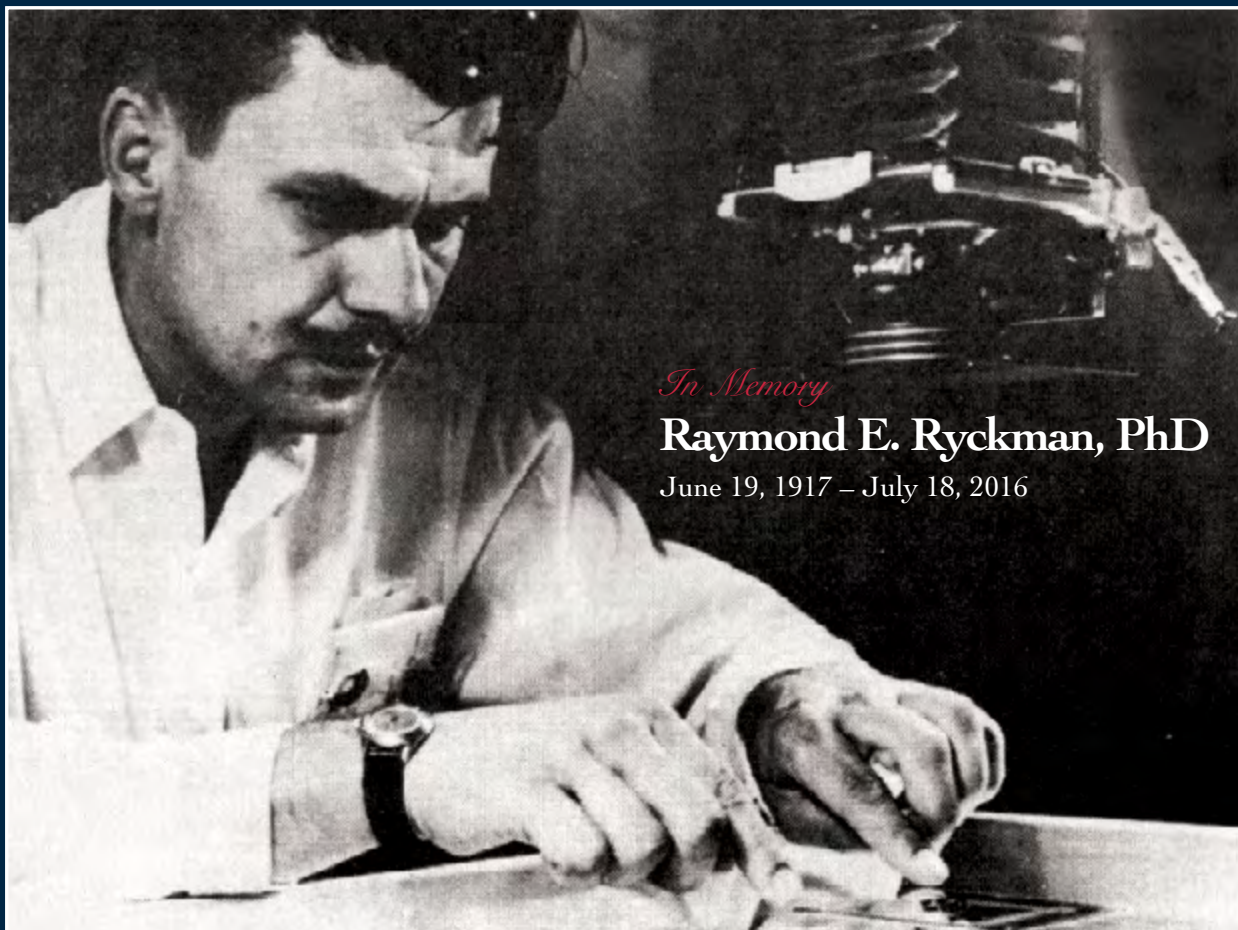


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*In Memory*

**Raymond E. Ryckman, PhD**

June 19, 1917 – July 18, 2016

**In memory of Dr. Ryckman,  
support research at LLU by contributing to the  
Raymond E. Ryckman Chair in Microbiology**

*An Alumni Fund Project*

**Dr. Raymond Ryckman is at rest.**

In his quest for knowledge, he found purpose.

In his pursuit of truth, he found meaning.

In making a family, he found love.

In his search for sleep, he found peace.